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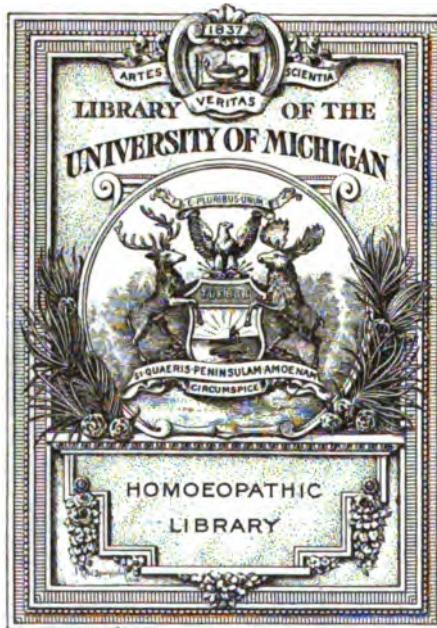
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**MINNEAPOLIS**

**HOMŒOPATHIC**

**MAGAZINE.**

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**HENRY C. ALDRICH, M. D., EDITOR.**

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# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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No. 1

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## ORIGINAL ARTICLES.

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### CARDIAC DISEASE IN PREGNANCY.<sup>1</sup>

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A. K. CRAWFORD, M. D.

CHICAGO, ILL.

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As a result of the energy of the chairman of your bureau of obstetrics, Dr. Evelyn Höhne, I have brought to your gathering a brief paper upon the subject of cardiac disease in pregnancy. As a text for my talk I submit the history of one of my patients in the Hahnemann Hospital, Chicago. It may be observed that this woman's history covers more of a field than the pregnant period, still, it very well elucidates the points which naturally fall under the caption of my paper.

Mrs. A., æt. 33 years. Sixteen years ago had rheumatic fever, and since that time has had palpitation and fainting spells whenever she became very tired, or when stooping forward, and always following the menstrual period. These lasted from a few moments to half an hour; came on with a rush of blood to the head, and the sensation as though the heart had stopped beating, but no pain. These attacks disappeared while carrying her first child, thirteen years ago, and did not appear again until four years ago after a second attack of rheumatism. She again experienced them when tired or nervous, and more severely while menstruating.

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<sup>1</sup> Read before Wisconsin Homœopathic Medical Society, 1897.

Six months after the last rheumatic attack she became pregnant a second time and the heart symptoms again disappeared. At about the fifth month of pregnancy she had the first pulmo-hemorrhage, followed by another two weeks later; was very weak and miserable all the time she was carrying this child, and for two weeks before its birth was unable to lie down. She has had no miscarriages. She has had hemorrhages from the lungs sixteen times following the pneumonic attack eighteen months ago. From her description it must have been a pleuro-pneumonia of the right side which immediately preceded these hemorrhages; they occurred either before, during or after menstruating, more severe each alternate month, never missed accompanying each period. History of pulmonary trouble in mother's family. Has had cough for four years; has had night sweats when cough is bad. Expectoration frothy at first, becomes rusty, then streaked with blood. Sharp pain in cardiac region with tingling sensation extending down left arm.

**Examination**—Normal vesicular murmur at base of left lung with clear resonance; decided dullness through base of right lung with impaired expansion and diminished respiratory murmur and increased voice resonance. Cardiac hypertrophy and mitral disease.

Here is a case which has gone through rheumatic fever, rheumatic endocarditis, vaso-motor perversions, such as palpitations, fainting spells, suffusion of blood to the head, two pregnancies, hemorrhages from the lungs, pleuro-pneumonia, cardiac hypertrophy and threatened phthisis with a sprinkling of angina. She is still alive, only thirty-three years of age, looks in fairly good health, but is chronically an invalid. The points deserving special note are: that the cardiac disease preceded pregnancy; that the initial pulmonary hemorrhage occurred during the second pregnancy; that it occurred at the fifth month. Therefore in a case like this, the dyspnoea and hemoptysis assume the proportions of a real disease. Such a patient has suffered from the effects of pulmonary plethora physiological to

pregnancy, plus pulmonary passive congestion attendant upon her chronic mitral disease; and has exhibited first, during, and second, since her second pregnancy almost a complete list of pulmonary troubles; for instance, bronchitis, pleurisy, pneumonia and profuse and repeated hemorrhages.

I wish to call attention first to a series of symptoms which will direct the physician's attention to the probability that heart disease exists in a pregnant woman. This class of case is no exception to the general rule that organic heart disease has existed long prior to its discovery by the patient, and under the same rule the knowledge comes in consequence of the natural degenerative process of the disease or by some accident. The accident, in the subject we are considering, is pregnancy, and the first signs of the awakening to the fact should be common knowledge to us all. Often-times the first indication is pulmonary congestion evidenced by stuffiness in breathing, a pronounced dyspnoea, bronchial catarrh, pleurisy, pneumonia or hemoptysis. In the case of a previously unrecognized carditis these symptoms commonly supervene from the third to the sixth month of gestation. Other symptoms will soon appear more or less cardiac, such as violent palpitation of the heart, radiating pains over the precordia, symptoms of angina, intestinal hemorrhage or abortion.

If any or all of these symptoms are consequent upon cardiac disease during pregnancy, then it must be admitted that the perils attendant upon this state are multiplied both to the mother and to the child. Moreover it should be borne in mind by those of you who have carried cardiopathic women safely to term, that primiparae are universally exempt from these serious complications. It is the multiparae who suffer in consequence of cardiac lesions and who present these direful symptoms, who abort, who bleed to death, or who lead miserable invalid lives thereafter.

If there is any doubt in your minds as to the seriousness of this condition complicating pregnancy, you have but to turn to the records of our contemporaries who have charge

of large lying-in institutions. In one instance of two hundred and twenty cases recorded with heart affections, ninety-two of them had miscarriages, and in another instance of forty-one pregnant women, twenty-one of them gave birth to premature still-born infants and thirty-seven of them who survived pregnancy had died before the lapse of five years. Again, in one author's very careful record of fourteen pregnant women with heart disease, three of them succumbed to pulmonary trouble, another died of intestinal hemorrhage indirectly due to the cardiac diseases; the balance, he says, dragged out a miserable existence, troubled constantly by the advancement of the disease.

It seems to me that the reason for the appearance of these untoward symptoms may be very readily explained by summing together the physiological and pathological processes attendant upon such cases. It is too well known to merit reiteration that all pregnant women undergo cardiac hypertrophy; this is caused by the extra quantity of blood in the body of the female during pregnancy, and the heart being compelled to adapt itself to this increased bulk and to do greater work in pumping it out for the sustenance of two beings, the mother and the child. It is equally well known that valvular lesions of the heart are compensated by hypertrophy of that organ; consequently when a cardiopathic woman becomes pregnant, the hypertrophy of pregnancy is added to the pre-existing cardiac hypertrophy and the resulting over-strain leads to a multiplication of viscerel congestions, unphysiological placental growth, malnutrition of the foetus and its premature expulsion.

Thus it is that, as the majority of the valvular lesions are mitral, the lungs so often exhibit the first signs. It is just as simple, likewise, to account for the manifestation of pulmonary symptoms about the fifth month of pregnancy, and the same reasons will account for the increased peril to the woman with each successive pregnancy. There can be no doubt that the abortions, which take place so frequently in these subjects, are because of the nutrition of the foetus being doubly compromised. The arterial stream of the

mother is so interfered with, that the child receives with difficulty the supply it needs, and the blood itself is imperfect, all because of the maternal heart disease.

The practical conclusions to be drawn are, that a woman with cardiac disease should not marry; or if married should not bear children; or having borne one should not repeat it, for the dangers to both mother and child, present and future, are multiplied enormously in this progression. And it should not be forgotten that the initial signs of cardiac disease in pregnancy are to be found in the pulmonary sphere,

The case under treatment in the hospital has had calc. fluor. regularly every day since her arrival. The angina pains have been readily met by the administration of spigelia. For the cardiac palpitations with muscular pains the whole length of the arm, kalmia lat. has been given. The pulmonary condition has had beside the calc., some phosphorus, arseniate of antimony, and latterly apis mel. with good effect. The oil of erigeron and ergot have lain at hand in case a severe hemorrhage should occur, but happily have not been required. Massage of the right chest with oil induction has been practiced, using belladonna, phosphorus or eucalyptol thus; and the uterus has received local treatments at the hands of Dr. Maas the interne.

Since the patient came to us she has passed one period quietly and without a hemorrhage; the first time in more than a year and a half. Going on as she was doing, the outcome of her invalidism would have coincided closely with the recorded cases previously quoted. Her second child is three years old this June, and two years more of life for this woman would have been the utmost limit of expectancy. There is now some reason to hope for a break in this record.

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A REMARKABLE PRESIDENTIAL ADDRESS.

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T. HERVEY BODMAN, M. B., B. S.

LONDON, ENGLAND.

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In the capacity of President of the Section of Pharmacology and Therapeutics at the recent meeting of the British Medical Association at Montreal, Professor Leech, of Man-

chester, delivered a most interesting and deeply significant address on "The Mode of Action of Medicines." The subject is one which has long been a source of attraction to philosophical minds, and the views that have been expressed upon it are bewildering in their number and variety; but there are several points in Professor Leech's address which cannot fail to be of interest to all who are interested in the progress of homœopathy. A full report of the address may be read in the *British Medical Journal* of September 18th, but in view of its great interest it was thought desirable to call special attention to some of its leading features.

After passing in review some of the older theories of the action of medicine, Professor Leech treats of the modern development of pharmacology, and very truly points out that though it has explained the action of many remedies of a palliative nature, and has led to the discovery of great numbers of new drugs of the same class, it has, nevertheless, failed to explain the action of a class of remedies known as specifics, and has not added one new one to the brief list already known to the profession.

Now comes the main point of the address. Professor Leech refers to the remarkable developments of bacteriology and pathology, and the wide range of new ideas opened up by modern researches into the action of toxins and anti-toxins, and he suggests that these may throw light upon the action of the older remedies, whose *modus operandi* has hitherto been unknown. This contention he supports by a chain of arguments. In the first place, it has been shown that the toxins of the various pathogenic bacteria, when introduced into the organism, lead to the production of anti-toxins, the anti-toxins being probably produced by the protoplasm itself under the influence which the toxin exerts upon it. Next, in reference to the toxins, he says:—"They have a definite physiological action, and there is no reason for believing that they act on the tissues in a fundamentally different manner from other medicinal agents." Therefore it is probable that ordinary medicinal agents have the power of causing the production

by the protoplasm of an active substance, analogous to an anti-toxin. This view is strikingly supported by some experiments of Ehrlich's which are quoted, in which he has shown "that the toxalbumen, ricin, derived from castor oil seed, not only causes immunity, but also the formation of anti-toxin in the blood, which protects from the poisonous influence of ricin." He finally puts the case thus:—"May it be, as has been suggested, that drugs do something more than influence molecular conditions, that they cause the production of something which is itself an active agent—that, for example, in the case of mercury, it is not the metal itself which antagonises the syphilitic poison, but something which it causes the protoplasm to produce and pour into the circulation?"

Professor Leech in his address did not carry his arguments beyond this point; possibly he had good reasons for not doing so, for let us see where we are led to by pursuing the process of reasoning a little further; assuming the above arguments and conclusions to be correct, let us ask what light they throw upon the choice of a remedy in a given case of disease—should the action of the remedy be in the same, or in the opposite direction to that of the morbid poison which it is sought to counteract? The aim is to give a drug which will induce the protoplasm to form and pour into the circulation a substance which will antagonise the morbid poison—we may call it the defensive substance; but Ehrlich's experiments show that the substance produced in the blood as the result of giving a drug, acts in the opposite direction to the drug given, and tends to neutralise it therefore, since the "defensive substance" acts in the opposite direction to the morbid poison, and the defensive substance also acts in the opposite direction to the drug which causes its formation, it follows that the action of the remedial drug must be in the same direction as that of the morbid poison, which is only another way of expressing the law—*similia similibus carantur.*

It follows, therefore, that if Professor Leech's arguments

are reasonable, he has established the reasonableness of a belief in the law of similars; if we can go further and say that his arguments are right, then he has demonstrated the truth of the law of similars.

There will be found to be a remarkable similarity between the purport of Professor Leech's address and that of the second part of the paper read by Mr. James Johnstone at the recent British Homœopathic Congress at Clifton, and now published in the *Review*; both authors take up the subject of the mode of action of medicines, and view it in the light of the recent discoveries relating to toxins and anti-toxins, and both express the opinion that medicines act by causing the protoplasm to produce a substance which antagonises the disease. It may be stated as a coincidence that the writer arrived at exactly the same conclusion, quite independently, whilst reflecting on the same subjects two years ago.

In the course of his brilliant Presidential Address delivered before the Congress at Clifton, Dr. Proctor pointed out that the same views were propounded on the allopathic side as on our own in explanation of the homœopathic cure, and he went on to say:—

"This looks as if our nominal opponents had a boding sense that at any moment the veil that hides the operation of the small dose may be lifted, and homœopathy be seen to stand forth, a self-evident, scientific truth." Nothing could more strikingly corroborate these statements than a comparison of Professor Leech's address and Mr. Johnstone's paper, both having been published in the short time which has elapsed since the Congress.

What a contrast to Professor Leech's address was that of Sir William Broadbent, delivered at the annual meeting of the same Association only two years before! How ill-timed seems the sneer—"Homœopathy still, like a belated ghost, haunts the dawn of scientific medicine!" We feel sure all good homœopaths will join in the hope that Sir William may live to see his simile reapplied, with homœopathy as the dawn-begetting luminary, and the *odium medicum*,

## HOMOEOPATHIC DILUTIONS

9

ignorance and prejudice playing the parts of the vanishing spectres,

In spite of the active opposition of its adversaries and the apathy of some of its adherents, the great fundamental principle of homœopathy, by sheer force of intrinsic truthfulness, is slowly forging its way ahead, towards universal acceptance, and affording to the spectators of its progress an unrivalled exemplification of the old saying:—*Magna est veritas, et prævalebit.*”

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### HOMOEOPATHIC DILUTIONS IN THE LIGHT OF PHYSICAL CHEMISTRY.

---

Prof. Ostwald of Leipzig, has recently published an article on the “Formation and Transformation of Solid Bodies.” His results are of pharmaceutical interest in so far as he used homeopathic triturations and determined their activity in a physical chemical manner. Prof. Ostwald’s results are very briefly given in the following.

A soluble solid body possesses the property of changing from a solid to a liquid state when brought in contact with a solvent, and after evaporation of a solvent to return to its original state. In the case of salts their return to the solid state is called recrystallization. When a solvent has taken into solution as much of the solid body as it can hold at a given temperature, the solution is said to be saturated for that temperature; but when the solvent has taken up a larger quantity, the solution is said to be supersaturated. The longer or shorter time during which this supersaturation is capable of existing is called overcooling. This over-cooled condition can, as is well known, exist for a long time when the solution is carefully protected. The solution solidifies, however, to a mass of crystals when the smallest particle of a crystal of the dissolved substance is brought into contact with the solution. This crystal particle may be so small that it is not visible with the naked eye, and can scarcely be recognized with the microscope. Prof. Ostwald has experimented with these supersaturated and over-

cooled solutions in order to determine the amount of crystal substance necessary to produce crystallization. In order to obtain very minute crystalline particles he triturated the crystals with powdered quartz. For farther trituration he used absolutely pure milk sugar. The quantitative relation existing between the triturated substance and the indifferent vehicle was as follows:

1 Trituration, in 1 gram	1-10	gram
2 " "	1 "	1-10 0
3 " "	1 "	1-10 00
4 " "	1 "	1-10 000
5 " "	1 "	1-10 000 0
6 " "	1 "	1-10 000 00
7 " "	1 "	1-10 000 000
8 " "	1 "	1-10 000 000 0
9 " "	1 "	1-10 000 000 00
10 " "	1 "	1-10 000 000 000

At first Prof. Ostwald put himself to the laborious task of making these triturations himself, but later he used the trituration machine of the homeopathic Centralapotheke in Liepzig. The perfectly uniform results obtained in the experiment described above were as follows: Crystallization was induced when no higher than the ninth trituration was used. Several substances, like salol, would work with this trituration only when freshly prepared. When older, the third trituration would still induce crystallization, but not the fourth. Only a single exception to this general law was found in the case of borax which induced crystallization as far as the seventeenth trituration. This result seemed so surprising to Prof. Ostwald that he made another series of triturations, using the greatest possible care. These new triturations gave the following result: The ninth trituration of borax is still active, the higher triturations are not, thus agreeing with the results obtained with the other substances.

Homeopathy, as is well known, goes far beyond the ninth trituration, as it puts physiological experiments on a higher plan than the chemical, Prof. Ostwald's experiments are,

however, in favor of the activity of minute medicinal doses. For when the one thousand-millionth part of a grain is sufficient to produce such visible results as the solidification of a solution by the formation of crystals, we can hardly say that the ninth trituration contains no more of the active substance. [Ztschr. 1. Phys., Chemie 22, p. 289.]—*Pharmaceutical Review.*

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## AFTER CARE OF THE PARTURIENT.

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EMMA F. A. DRAKE, M. D.,

PROF. OF OBSTETRICS, DENVER HOMEOPATHIC HOSPITAL AND COLLEGE.

DENVER, COLORADO.

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Had we to deal with labor in its simplicity as a physiological act natural and unmolested, the accoucheur's duties in the days immediately following, labor could be expressed in a few words; but owing to the results of our boasted civilization, which too often in its mad rush has robbed woman-kind of the sturdy physique and sound brawn so much needed in the every day emergencies of life, she comes to the ordeal of maternity illly fitted for its strain, and with little or no reserve power, either to carry her through the hours of incomparable pain, or to aid in her restoration in the days following.

Whole volumes have been written, if collected from our journals, on this subject, dealing with all its phases, and the wise accoucheur reading and digesting all he can find on the subject will select from this knowledge and his own common sense, the best method of dealing with the individual cases as they occur in his practice; and from his experience write new and better articles each succeeding year.

That great changes have been made in the past thirty years, since the promulgation of the germ theory of disease, in the management of the lying in room, is unquestioned, the patient is no longer left alone to the recuperative forces of nature but is aided as well by every wise provision of art

—and as a consequence the mortality rate of parturients has been reduced to a minimum.

When death enters the lying in room, in any guise, inquiry is at once made as to what carelessness or indiscretion the attendant or physician has been guilty of, and the taking off is not *always* adjudged to be a decree of Providence to which we must patiently submit.

Now what, in the light of present knowledge, are the best methods of management during the two weeks of lying in, is the question under discussion.

First, I think all will agree that an ounce of prophylaxis is better than ten pounds of cure, and the physician is wisest whose armamentarium is bulwarked with this truth.

We will suppose that our patient has been wisely and well delivered, that all possible injuries so far as feasible have been repaired and that she has fallen into our hands for after care. It is first important that we guard well the approaches of disease. See surely that the room and all necessaries to be used about the patient and the attendants be not only aseptic, but, if you please, antiseptic as a double guard.

And right here the question will arise, *what antiseptic?* *Avoid odorous disinfectants*, carbolic acid, iodoform, kreosote and others of pungent odors may (?) be useful but they certainly cannot be pleasant and are, we believe, many times positively injurious. Dr. Geo. Wm. Winterburn says relative to Sloan's Maternity Hospital, which has a wide reputation as a clean place, that the babies all have a gray, unnatural look owing, he thinks, to their constantly breathing the air impregnated with this triad of disagreeable germ killers mentioned above; which prove as well, we think, baby killers as one in nine of the infants of this institution die. Bi-chloride of merc. has been passed upon as of doubtful efficacy as it must be used in a strength which is poisonous and harmful to be of even a little good. The hands immersed for five minutes in a solution of one part to five-hundred leaves the germs resting about the finger nails and in other hiding places unharmed; when one quarter this

strength is recommended for external cleansing of the genitalia and douching, and one tenth as strong, or one part to five-thousand only is allowed for intra-uterine washing, we can see easily how powerless for good the bi-chloride becomes. Especially are we warned when we read of fatal cases resulting from intra-uterine douching with solutions of bi-chloride one part to two thousand or two thousand five hundred.

On the other hand we have a host of odorless and pleasant anti-septics from which we may choose, listerine, permanganate of potash, borolyptol and several others bearing a close relationship to these, and last, but by no means least, calendula. Again, we must not place too great stress upon any anti-septic. One after another has been taken up, its praises sung for a varying time, only to be dropped as dangerous or useless, while another comes to the front.

Better by far trust to cleanliness alone than to anti-septics of any kind while careless of cleanliness. One writer will tell you that asepsis includes anti-sepsis, while another will say as emphatically—asepsis is sufficient alone and productive of no evil results. Says one writer “as to anti-septics—why they should be used after labor any more than in gynaecological work in the non-pregnant state is the matter that those in favor of such treatment should explain.”

“If abrasion of the genitalia be the plea, then why not use them in every case of erosion of the os uteri, or after curetting where some of our best homeopathic surgeons never use or think of using such treatment, and whose success is never excelled, if ever equalled.”

This is the other side of the question and has many advocates among our best physicians. However, it is safe to be sure of asepsis if you can get it, and proceed. If you cannot be sure of it without anti-septics, then use the reasonable ones, and you will feel safer at all events.

While we do believe, as many affirm, that septicæmia is always heterogenetic, and that puerperal sepsis invariably

means faulty technique; yet we surely cannot be too careful in our demands for cleanliness. Listerism has certainly made important this factor of cleanliness and for this, we thank it. The questions asked by the physician on his first visit after delivery are in regard to the quantity and quality of the lochia, whether urine has been voided, whether after pains have been troublesome. The pulse and temperature will be carefully watched less they steal a march on him.

The patient should be seen within twelve hours after delivery and careful note taken of all these items.

Should the patient from semi-paralysis of the parts, be unable to void urine, the catheter must be used—but its use should not be encouraged beyond the first day unless positively necessary. Weakness of the sphincter has often been fostered by overuse of the catheter.

When a few doses of arnica are given immediately following delivery, or it may be stramonium, the physician is rarely ever forced to use the catheter.

Very much can be done with the indicated remedy in the after care of the lying in. Right here is the ground for the homeopathist to boast, and he has double standing room if he has had opportunity to care for his patient in the months preceding parturition. In the thorough cleansing and building up of the woman no weak or diseased ground is left for a resting place for disaster or disease.

Should after pains be troublesome, rhus, arnica, bry. or sepia will, in the majority of cases, cover the symptoms; if not, you will rarely fail with ignatia, ferrum, bell, nux. or cof. or, *the indicated remedy*.

The administration of nitrite of amyl is recommended. Saturate a tissue paper with five or six drops, crowd into a two dram vial and when the pain approaches, instruct your patient to remove the cork and inhale. It is said to work with magic celerity.

As to diet, it is my rule to keep the patient on a light diet until after the third day, then follow with a generous diet of nourishing food. Each patient's peculiarities must determine what and how much. Immediately after de-

livery and the toilet, to patients who can stand it, I recommend a cup of hot milk. To others a cup of beef tea—made from Armour's Beef Extract, a bottle of which can be carried by the physician as a part of his armamentarium if he choose—is more acceptable than the milk.

Mixing one of the effervescent salts congress, vichy, seltzer, or kissingen in a tumblerful of milk is very grateful.

The douche in the after care of the parturient has been variously discussed. A hot douche immediately following delivery, to thoroughly cleanse the uterus of any clots or bits of membrane that may be hiding there, is, we believe, productive of no harm and may obviate much trouble thereafter, while a daily douche of hot water containing a little calendula or listerine is cleansing and very grateful to the patient. In many of our maternity hospitals a douche is given for the first few days once in eight hours, then once in twelve, and finally once daily until the patient leaves the hospital.

The bowels need little attention. When nature calls for an evacuation, a very warm enema is all that is required.

Should the nipples give trouble from sensitiveness of fissures, after trying the simple external remedies, together with the indicated internal, and failing in all these, look to the uterus for the cause. You will sometimes find a curettage followed by a soothing treatment will relieve the breast of all trouble. Washing off the nipple after each nursing and dusting with calendulated boracic acid, or simply bathing with calendula, may heal them very quickly. If this alone fails, after nursing apply a piece of gold beaters skin, first puncturing with several openings to allow the milk to pass through. Make a fresh application each time, and by thus persistently keeping the lips of the child from the sensitive surface they are enabled to heal,

If all goes well, you may, on the sixth day allow your patient to sit up in bed to eat her meals. On the eighth and ninth days she may slip out to a chair while her bed is being freshened and on the tenth day she may be dressed in a

wrapper and allowed to sit up for several hours. It is best to discourage much walking about for several days more, and then to be taken moderately, for the better getting up she has, the stronger will she be in the months to come.

I have neglected to say that orders cannot be too positive that no visitors be allowed until the patient is sitting up. Much annoyance and trouble is saved your patient if the admiration of the baby by a host of interested friends be held in reserve for a fortnight when so much has effervesced that what remains will not hurt her.

I have dealt with the comparatively natural getting up of our ordinary cases, as it would have been impossible to have even touched upon the host of evils that may assail the new mother, prominent among which are the many forms which puerperal sepsis may assume. But to again repeat, guard well the possible open doors to these ills and you will be rewarded by seldom having them to deal with.

Finally, in the backward look over our years of practice, it is to be hoped that none of us will forget to thank our stars that among the wretchedly poor of our patients, where prophylaxis, asepsis and anti-sepsis are a thousand miles off, we have rarely if ever lost a patient. Will some one tell why? Perhaps in the multiplicity of germs from the uncleanly surroundings there results a sort of internecine war, and so the patient is left unmolested. Perhaps Providence has a favor for this class, and so they are protected. Perhaps the freedom from a great amount of nervous fret and social worry has left them with better endurance, and so they escape.

And again, dear doctors, perhaps a Dame Nature has not in these localities been thwarted so often and so knows more about the care *her* parturient needs than do you or I; and tides them kindly over.

As wise physicians we should guard against the imminent danger of the day, viz: that of considering every obstetrical patient pathological, and so unconsciously preparing them for the "dreadful time coming." We should discriminate between a wise reassuring and assiduous care

in our previous attentions; and a nervous officiousness which is always alarming. Teach them to look upon child-bearing as natural and you will rob them of fear, and your after care of many of its worries and annoyances.

There is something better for the obstetrician than to be a mere mechanic who can successfully separate mother and child, something better than to be a fine repairer of breaches caused by his poor mechanical skill, or too much of it; something better than the extreme scrubbing, douching, packing and infinitum business, which many give their strength to; something far better for the homeopathic physician, viz.—to stand a *prepared* watchman during the gravid months, and so fit his patient mentally and physically, that nature's arsenal be well stocked against the time of need; that the system with its host of natural defences be in a healthy condition, and he will have little need of helps or chemical antiseptics other than those prepared in the delicate laboratories of the "House Beautiful," the healthy human body of his patient.

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**SUCCESSFUL TREATMENT OF THE THICKENED  
AND RETRACTED MEMBRANA  
TYMPANI, BY MASSAGE.<sup>1</sup>**

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E. EVERETT, M. D.,

MADISON, WIS.

Miss M. came to me July 2, 1894, complaining of imperfect hearing of two years standing and of tinnitus, also catarrh of the nose for some eight years. Upon examination the right ear showed the tympanum retracted and quite opaque, the malleus foreshortened, and the cone of light lustreless. Hearing: Watch ten inches, tuning fork heard best on mastoid and teeth. Left ear: The tympanum more opaque and retracted than in the right ear. The malleus considerably foreshortened. The hearing of watch four inches. Inflation by the air bag not successful in either ear. The

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<sup>1</sup> Read before Wisconsin Homœopathic Medical Society, 1897.

otoscope produced no impression. Upon examining the left nostril, the inferior turbinate was found very much hypertrophied its entire length and lying against the septum.

In the right nostril the lower turbinated was not so enlarged as the other. A spur on the septum situated anteriorly and touching the turbinate. From such an occluded condition of the nostril the patient had been a mouth breather for some time. The pharynx showed congestion of long standing, and much tonsilitis in childhood. Posterior rhinoscopy showed the lips of the eustachian tubes much hypertrophied and bathed in a creamy mucus. The posterior nares showed turbinates much hypertrophied, particularly the left. I advised treatment of the ear by massage with Bishop's otoscope; and removal of the hypertrophied turbinate in the left nostril by the saw, entire length. In the right nostril the removal of the spur of the septum by the saw and cauterization by electricity of the right turbinate, also direct application of astringents to the mouth of the eustachian tubes, and to the pharynx. Began treatment with the otoscope at once. The operations in the nostrils were ten days apart. Massage was given the first ten days without noticeable effect. Then a slight improvement and the membrana tympani would vibrate slightly. Next ten days the patient would hear better after treatment from two to five hours. Next ten days showed a remarkable improvement. Soon treatment by the air bag was successful, using camphor and iodine crystals. Patient's breathing was now natural and general health began to improve. At the end of three month's treament as first advised, hearing in the right ear increased from ten to thirty inches. Left ear from four inches to twenty and remains so to this day. The membrana tympani were much less retracted and much less opaque and something of the normal lustre with less of the foreshortening. The tinnitus had disappeared. The mouths of the eustachian tubes were very much improved.

The interesting features of this case are: An improvement of the hearing by massage the first twenty days, be-

fore the operations had been finished, and the consequent swelling and soreness had disappeared from the nostrils, and before the treatment by the air bag was obtainable; also the increasing pliability of the tympani from the massage, and latterly the permanent increase in hearing, and relief of the tinnitus.

Secondly: Removal of the obstructions of the nostrils allowed a more successful treatment by the air bag, particularly in allowing the air to enter the lungs freely as intended by nature.

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### MASTOID ABSCESS.<sup>1</sup>

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R. K. PAINE, M. D.;  
MANITOWOC, WIS.

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Abscess of the mastoid cells usually results from disease of the middle ear, and some warning of its presence is given to the doctor, for the patient will know it, and so an early diagnosis can be made. But it is not always thus, as the following case shows; and it also shows what poor diagnosticians we are sometimes.

Mr. G., a very large, powerful German, over 60 years of age, came to me for help for what he called neuralgic headache. He said he had been under the care of several doctors before coming to me, having had the trouble for three months and was getting worse all the time. The pain was nearly all over the left side of the head, but he pointed out a spot just above the ear as being the worst place. There was a little tumefaction over and behind the ear and down on the neck, which also pained him. No fluctuation could be detected, but I was quite sure his trouble was not neuralgia, but mastoid disease. There had been no pain nor discharge from the ear.

I made a long incision behind the ear down to the bone, and while probing about for a tender spot, broke through a thin shell of bone, and pus appeared, much to the astonish-

<sup>1</sup> Read before Wisconsin Homeopathic Medical Society, 1897.

ment of the patient. That night he slept well for the first time in three months, and so did his wife. But the recovery was slow, as the pus had burrowed clear up over the meatus, and in a day or two there was a small protuberance in front of the drum on the anterior surface of the canal which I duly punctured and was then able to throw a wash all around from one opening to the other. After using calendula, peroxide of hydrogen, boracic acid and resorciné solutions, and giving silicea in various potencies for several weeks, the sinuses healed and he has had no more trouble with his neuralgia.

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#### A PECULIAR ABORTION CASE.

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R. K. PAYNE, M. D.

MANITOWOC, WIS.

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Mrs. ——, about 36 years of age, mother of eight children born to her in fourteen years, sent for me in January, 1896, on account of an offensive bloody discharge she was having. She had not missed her menses since she began to menstruate after the last child was born, about two years before; but she had been vomiting for two months more or less, with great distress in the stomach and much headache. For the last three weeks she said she had been flowing more or less; with a slimy, offensive discharge for several days.

Digital examination showed the uterus large enough for four months advanced pregnancy, os soft and open so that I could pass in my finger to the internal os, which was not very tight. She had not met with an accident, nor, if I may believe her, had she attempted to induce an abortion. I was very sure she was about three and a half or four months pregnant and going to abort from death of the foetus. As the symptoms were not urgent, and she had no pains in the uterus or back, but severe headache and dis-

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1. Read before the Wisconsin Homœopathic Medical Society, 1897.

tress in the stomach, I gave her belladonna and nux v., sabinia and other remedies, advised quiet and vaginal douches of warm carbolized water. She ran along a week or ten days in this way when she began to have chills and fever, the discharge was more offensive and pain in the head worse. I was called again and could then insert my finger into the internal os but nothing protuded. I could not induce uterine contractions, nor could I dilate the cervix with my finger. I passed in two or three flexible catheters and injected sterilized water and glycerine, gave caulophyllin and ergot, all to no purpose, contractions would not take place. As I feared she was already infected I decided to dilate the cervix and empty the uterus as soon as possible. With sounds and a dilator I spread the cervix so that I could pass in two fingers, but no more, and no contractions occurred. With my fingers and curette I finally removed the foetus in a somewhat decomposed state, carefully scraped out all the membranes and debris, washed and dried the endometrium and packed with iodoform gauze. It was a pretty hard operation for the patient, but she reacted all right. The previous suffering had greatly reduced her. She was very tender about the uterus and some septic inflammation followed for a few days, to be succeeded by pleuro-pneumonia of the lower lobe of the right lung. She was very sick for a week when she began to expectorate bloody purulent matter which continued for some time, gradually disappearing as she gained strength, till in a couple of months she was well as ever and remained so until she again became pregnant, when she at once began to vomit with great distress in the stomach, and after a few weeks the headache came on, going through the same course of the previous pregnancy except that she missed four months and then began to flow by spells. There had been some offensive discharge from the time this pregnancy began, but it did not increase when the hemorrhages began. In spite of all I could do she continued to bleed at times, and the headaches over the eyes became almost unbearable. There were absolutely no uterine pains, but the pain in the head

came like labor pains and with it at times were severe pains in the legs. As the cervix was somewhat dilated so that I could get the finger to the internal os, I decided to empty it as I did before at once by dilating the cervix with sounds and finger, and finally to get the head, by using Pratt's Sigmoid speculum under chloroform. The foetus was very fragile from partial decay and I had trouble getting it. The uterus was thoroughly cleaned out and washed with bi-chloride solution and then with a weak solution of permanganate of potash, followed by sterilized water; and this time there was no after trouble.

Why did this woman have labor pains almost all over the body except in the uterus when nature was most certainly trying to empty that organ?

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#### CASE OF EXTREME DISTURBANCE CAUSED BY ASTIGMATISM OF A SLIGHT DEGREE.<sup>1</sup>

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E. EVERETT, M. D.,  
MADISON, WIS.

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A boy of ten, for some years when rising in the morning, would feel dizzy, at breakfast would have nausea, could eat or drink but little, felt no inclination to play, severe frontal headaches would begin early in the day and increase until relieved by sleep at night. The boy was morose and almost always alone, eating but little because of nausea and dizziness; though a bright boy, was backward in his studies, was puny and sickly in appearance and extremely peevish.

The case seemed to me at once to be one of astigmatism. The test cards showed astigmatism. The ophthalmoscope showed no astigmatism, the fundus being normal. I worked daily, nearly a week without atropine, the boy's eyes being so sensitive, I could work but ten or fifteen minutes at a time. I finally gave the right eye a plus fifty

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1. Read before the Wisconsin Homœopathic Medical Society, 1897.

diopter cylinder axis horizontal. Left eye plus twenty-five diopter spherical combined with a plus twenty-five diopter cylinder axis horizontal.

Upon wearing the glasses, the boy immediately saw the world as he had never seen it before. The nausea and dizziness, fickle petite, headaches and peevishness disappeared. The boy became a good eater, quite studious, in excellent spirits and foremost in sports with his young friends.

For a year and a half the boy has worn the same correction. This case illustrates the effect upon the nervous system and the reflexes that may occur from the effect of distorted images as in astigmatism sensed upon the retina and optic nerve. The slight degree of astigmatism which produced all these uncomfortable conditions which affected the child's whole nature, some refractonists would say not to correct, but often a slight degree gives cause to greater disturbances to the patient than a high degree of astigmatism, also being more of a task to the oculist to correct, particularly in hypersensitive patients. The time was when a child in this condition would have been scolded and thought to be stubborn, ugly in disposition, difficult to get along with, and so grown up a discomfort to his family and most wretched and depressed to himself, giving the family doctor a chance for dosing the child all these long years, for indigestion, headaches and ill-temper.

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## CORRESPONDENCE.

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### MEDICAL BOOKS.

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EDITOR MINNEAPOLIS HOMEOPATHIC MAGAZINE: In the interest of my conferees I want to call attention to an abuse of confidence on the part of certain publishers of medical books; I trust they are not all guilty.

It is the practice among them to send copies of their books to the editors of the medical magazines with the ostensible purpose of having the books reviewed, but in

reality the publishers expect and commonly secure a laudatory notice of "a new book in this or that which is a great and valuable and much needed contribution to medical literature." Upon such indorsements, fortified by a few 'personals from "Doctor Blank" or "Doctor Would-See-His-Name-In-Print,"' the suave agent calls upon the unsuspecting physician to present the new book. The aforesaid innocent victim, having little time to examine for himself, gives his order, the agent disappears, and in due time the new book is delivered by express from the far-away eastern house, often with a C. O. D., and then the doctor sets himself down to enjoy his long sought-for addition to his library. But alas, he finds that the actual book is very different from what he was led to expect it would be. "Swindled again," he involuntarily exclaims.

Among the recent books belonging to this category is Skene's "Medical Gynaecology" and the much lauded second volume of Tillman's "Surgery." The former is a goody-goody talk of a rambling sort, with no suggestions in treatment that are above the most ordinary and common-place, while the latter work deserves to be criticised with the greatest severity. We were promised a book on Regional Surgery, which volume with the first one on "Principles of Surgery and Surgical Pathology" were to cover the ground of general surgical practice. In place of this we have a fair treatise in the first volume, and in the second a mass of poorly arranged remarks upon several topics, a considerable part of which do not belong to surgery at all. Much of the matter that gives bulk to the volume is merely general statements of no value to the actual surgeon. While the entire absence of any reference to abdominal surgery, the surgery of the pelvis, the rectum, genito-urinary operations, and the surgery of the bones and joints, saying nothing of the meagre treatment of amputations and dislocations, and spinal surgery, makes one feel that the book has been issued solely to gather ducats. The profession was told that in the two volumes we should find the latest and fullest presentations of the field of surgery. If the pub-

lishers think that by the course they have pursued, a demand for a third volume is to be created, they ought to find that they are counting without their host.

It is to be further noted that the surgeon is taught how to fill teeth, how to treat them and how to extract them. The instruments are carefully illustrated with cuts. Toothache and tartar are gravely presented as a part of a volume on "Regional Surgery." Cleaning the teeth and salivation are not forgotten. Three hundred and sixty-one pages out of eight hundred and thirty-three are given to the head alone, not including the portion devoted to the mouth, fauces and pharynx. Much space is taken up with tonsilitis and diphtheria, no less than eleven pages being given to the latter topic, and so throughout the book a very great lack of proportion appears. Six hundred and fifty-seven pages are covered before the surgery of the thorax is reached, this allows a hundred pages for the thorax, including external and internal injuries, and tumorous growths and malformations of every sort, and eighty-three pages of very superficial treatment of the surgery of the spine and cord. It does seem that the profession ought to be protected by a fearless exposure of the claims of medical books. We pay a high price for them and are entitled to some consideration by the publishers. This is my excuse for this long review of a book which otherwise would be unworthy of notice. If this work on surgery was foisted upon us because "it is European you know," we shall all return to the far abler books of our American surgeons.

THOS. J. GRAY, M. D..

Prof. of Principles and Practice of Surgery, University of Minnesota.

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The Minneapolis Homœopathic Medical Club held two interesting meetings in December. The first an adjourned meeting early in the month was addressed by Architects Dunnell and Bertrand who told of the needs of sanitation and æstheticism in the building of school houses, both delivering very able, instructive and interesting addresses. At the regular meeting on the 28th ult., Drs. W. H. Caine, J. F. Beck and Margaret Koch wrote respectively on "The Natural history of Bacteria," "Methods of determining Bacteria in the air of school rooms," and "Methods of determining the amount of Carbon dioxide in the air of school rooms."

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## EDITORIAL.

### WOODEN INDIAN JOURNALISM.

There is one party in this world of ours who is always dignified—and that is our old friend, the wooden Indian. We have all seen and admired him, as he manfully stands guard over the entrance to a fragrant tobacco store. In cold weather and in hot, in sunshine and in rain, year in and year out he stays calmly at his post, serene, unruffled, placid of countenance and in demeanor the very embodiment of true dignity. Many a time and oft have we watched him and pitied him as he suffered in silence. We have learned to love him for the enemies he has not made. We have come to think well of his discretion and to admire his really consistent consistency. But for all this it is very doubtful whether we have ever thought of him as well equipped to edit a medical journal. All of which, however, only goes to show that we have known those things that we ought

not to have known, and have left unknown those things that we ought to have known.

This may sound like trifling pleasantry. It is not. We mean what we say, and we have the very best authority for saying it. From the far east—where the sun rises and whence, as a matter of course, all blessings flow—a loud voice has publicly proclaimed that the journalistic dignity is in danger. An editorial hand has gravely penned the solemn warning that the medical press is drifting toward a “flippant attitude.” An editorial heart is sorely wounded, and all because this MAGAZINE took occasion to make a few true remarks concerning the American Institute. In speaking of those remarks our good friend feels constrained to admit that he is “concerned that they should have come from an editorial pen and in such guise.” He is shocked at our “misusage of the language of Chaucer and of Shakespeare.” And he compactly favors us with the last straw by gently referring us to the editorial wing of the “regular” school as a shining example of what editors ought to do and ought not to do.

Verily, there are ways and ways of editing a medical journal. In our innocence we have fondly imagined that the privilege, not to say the duty, of an editor was to write as he thought. We have believed that he had a moral and a legal right to tell the truth as he saw it. We have even supposed that when he noticed an abuse creeping into the profession it was perfectly proper for him to call attention to it, and that in plain words. It seems, however, that we have grievously erred. In venturing to call a spade a spade, we have taken unparalleled and inexcusable liberties. In resorting to plain, forcible English we have misused the “language of Chaucer and of Shakespeare.” In breaking away from the solemn tread of heavy platitudes, we have done violence to the unwritten ethics of journalism and have assumed a “flippant attitude.” And infinitely worse than all, we have even fallen below the level of our “regular” brother, who—as we are gravely led to infer by this very best authority—never stoops to anything short of

sesquipedalian polysyllables, never bothers to tell the truth, and by never saying anything never offends anybody.

We stand corrected. We feel deeply humiliated, as well. If there is anything we have ever longed to do, it was to follow in the hallowed footsteps of our "regular" colleague. His "keener sense of what is meant by the term professional courtesy," which is now solemnly held up before us by our Bostonian critic, we have always admired—particularly the keenness thereof. We have felt it, too, in the extremely gentlemanly manner in which this same model of propriety has attempted to help us, as homeopathists, out of existence. By all means let us go to this professional Chesterfield for advice! Indeed had we done so ere this, we might have been spared the pain and disgrace of misusing the "language of Chaucer and of Shakespeare." Had we but studied, for instance, the editorials of Dr. George M. Gould anent the International Homeopathic Congress at Atlantic City, we might have learned much.

There was nothing "flippant" about those tiraders, no misusage of the heritage of Chaucer and of Shakespeare. From far across the Styx, indeed, one might have heard the shades of those worthies clapping their cadaverous hands, in joyful appreciation of this brilliant manipulation of their language by a modern master.

No doubt it will be generally conceded that three grand characteristics of a good editorial are truth, strength and dignity. In accordance with our eastern monitor, the greatest of these is dignity. And now let us look a moment at this term, "dignity." The latest dictionary defines it as a "grave and impressive form of diction." That the diction of some of our journalistic contemporaries is grave enough, no one will question. A funeral march is lively by comparison. That our colleagues are sometimes tremendously impressive also goes without saying. In the art of circumlocution some of them are past masters; they can use more words and say less than any other class of writers with whom we are acquainted. Others bow down and worship ponderous polysyllables and solemnly march and counter-

march ancient platitudes, in a manner that is truly awe-inspiring. All this is very impressive. There is little doubt that it would impress any man to be stepped upon by an elephant, but it is possible that there are other and more effective methods of attracting his willing attention.

Dignity is further defined as "repose and serenity of demeanor." Doubtless this is what our esteemed critic prides himself upon, and what he would have us cultivate, in order that we might breathe it through our editorials. This, indeed, is dignity in its very essence. And here the pre-eminence of our ligneous aboriginal friend asserts itself. Where can be found more beautiful repose? Where such ideal serenity? The thanks of a united editorial profession should be extended to our eastern friend for his timely advice. Let responsive action be prompt. Wooden indians are growing scarce, but there are still a few of them left. We notice one across the way as we write—and we shall urge the manager of the MAGAZINE to immediately secure his services. Then may the people and the profession rejoice and be glad, for there will be no more "flippant" editorials. The "language of Chaucer and of Shakespeare" will be secure from "misusage." The far-sighted policy pursued by our "regular" colleagues in avoiding anything that may offend, can be piously carried out. There need be no concern in the East over what our new editor may say, for at all times and in all places he will consistently and conscientiously say nothing. But he will be dignified! Indeed, we feel fully justified in assuring our readers that after he has become acquainted with his duties the whole world will actually believe that our new editor is from Boston.

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#### A GOOD THING.

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Anyone who has frequently administered ether has been impressed with the unsatisfactory conditions relating to an inhaler. In the various forms of permanent inhalers, the

necessity of replacing the lining or using a soiled one, was an ever present objection to which was added a rigidity that prevented perfect adaptation.



If the temporary cone, constructed from any convenient piece of paper was used, the crumpling of the cone and the frequent displacement of the napkin inside were sources of annoyance. All these objections seem to be overcome by Dr. Woodling's Ether Cone. Being neither bulky nor rigid, it is easily carried, it is readily adapted to the contour of the

face and what is more important, the cost is so small that it affords a clean, new cone for each patient. We commend the doctor for its introduction.

D. W. H.

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## BOOKS.

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In our last issue the statement is made that Dr. Charles S. Mack's, "Principles of Medicine" is published by W. F. Keener whereas the W. T. Keener Company are the publishers, we trust all intending purchasers will bear this in mind.

**THE PRESCRIBER—A DICTIONARY OF THE NEW THERAPEUTICS.** By JOHN H. CLARKE, M. D., F.R.G.S., American edition. Philadelphia. Boericke & Tafel, 1898. Price \$1.00; postage 7 cents.

The works of this well known English homeopathist have been too well received heretofore for this volume to fail of receiving a warm reception. This particular volume is written for the beginner in homeopathic prescribing; telling the potency to give and how often to repeat the dose, not in a dogmatic way, but in accordance with the author's

## NEWS AND NOTES.

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experience. The chief drugs called for under the different diseases with the symptoms indicating each are features of the work, and its simplicity and easy reading make it a volume that all students should have.

**THE EYE AS AN AID IN GENERAL DIAGNOSIS. A HANDBOOK FOR THE USE OF STUDENTS AND GENERAL PRACTITIONER.** By E. H. LINNELL, M.D. Philadelphia. The Edwards & Docker Co., 1897.

This volume by this well known homœopathic physician of Norwich, Conn., treats of the examination of the eye as an aid to the diagnosis of diseases of the central nervous system, constitutional affections and diseases of other organs; a method of diagnosis too little understood and too often overlooked. The author emphasizes such eye symptoms as are of value or importance in diagnosing other troubles, and shows how they are of value. The work is the result of extended practice in this specialty and is a handbook of diagnosis only—saying nothing whatever about treatment—it surely meets the needs of the general practitioner and should find a ready sale.

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## NEWS AND NOTES.

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**THAT INSTITUTE BRONZE BUTTON.**—Every member of the American Institute is entitled to wear the button with Hahnemann's head thereon. Your explanation should make the name of Hahnemann (as the great medical reformer,) known to your people and especially to children who would now be taking most nauseous potions but for the reign of homœopathy. Wear it proudly in the lapel of your coat. It is an insignia of rank in the oldest medical society in the United States. It stamps you as belonging to the "veteran medical corps." It will raise you in the estimation of your medical brethren. If the reader is not a member of the American Institute of Homœopathy, he may perhaps become a member at the Omaha meeting in June if he will send to T. C. Duncan, M. D., Chairman Board of Censors, 100 State

Street, Chicago, for an application blank and learn of the requirements.

We desire to add to the list published last month of homeopaths who are pension examiners, the name of Dr. O. W. Carlson, of Milwaukee, who is president of the "Union Board" of examining surgeons for that city.

Dr. A. E. Carr has removed from Grand Island to Lincoln, Neb.

Dr. A. C. Tenney has changed his location from Spencer to Mt. Vernon, Iowa.

We are pleased to report the improvement of our venerable friend, Dr. C. G. Higbee of St. Paul.

Asheville, N. C. will probably have a hospital for consumptives. Geo. W. Vanderbilt having given \$100,000 for that purpose.

Dr. C. A. Meilicke, of Windom, Minn., is wintering in Florida.

Dr. I. T. Talbot, of Boston, has returned from abroad and resumed practice much benefitted in health.

Dr. L. H. Willard, of Pittsburg, Pa., has been appointed to fill the vacancy on the Pennsylvania State Board of Homeopathic Examiners, caused by the resignation of Dr. Hugh Pitcairn, of Harrisburg, now consul to Hamburg, Germany.

Dr. Geo. Allen, formerly at Middletown, and recently Supt. of the new Collins Hospital for Insane, state of New York, died recently, quite unexpectedly. Probably Dr. D. H. Arthur, of Middletown, will succeed him.

Dr. A. C. Alexander, of Concord, N. H., a class-mate of ye editor, was in Minneapolis recently visiting Dr. Martha G. Ripley and other friends.

Dr. Fahnestock, of La Porte, Ind., was recently in Minneapolis the guest of Drs. A. E. Higbee and H. W. Brazie.

Dr. Wm. Coburn has located at Austin, Minn.

Dr. H. T. Holden has removed from Omaha to Norfolk, Nebraska.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### THE MANAGEMENT OF ABORTION.<sup>1</sup>

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JOSEPH LEWIS, JR. M. D.

MILWAUKEE, WIS.

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I do not know that any class of cases has given me more worry than that attended with minor degrees of continuous or intermittent metrorrhagia, and as a majority of these cases are connected directly or indirectly with the casting off of products of conception, their consideration naturally leads to the subject of the management of abortion, especially during the early stage of pregnancy.

Between the extremes of immediate emptying the uterus in all cases of inevitable abortion, on the one hand, and on the other, leaving a flow indefinitely to the action of nature and medicine for weeks and months, we may have all shades of difference in practice. In the former instance, we have to spur us to hasty mechanical interference the danger of septic absorption while the foreign material remains; the possibility of sudden serious hemorrhage at inopportune times and places, keeping the patient from getting about as she wishes, with her desire to be through with an annoy-

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1. Read before the Wisconsin Homœopathic Medical Society, 1897.

ing condition; and the nervous anemic state that a constant drain of the vital fluid entails upon her. While to hold us back we have the knowledge that very few die from the immediate effects of miscarriage when not interfered with in a meddlesome way; the hope that foetal life may be saved; or in the same line the possibility of twin pregnancies, the death of one causing hemorrhage, the other remaining intact; in which case our officiousness might cause loss of both. The fear on the part of the patient of anything that savors of an operation; the timidity of the physician, with an over confidence in the power of medicine—any or all of these may lead to temporizing unduly. The true course is a judicious combination of expectant and active treatment according to the judgment of the attendant, taking into account all the circumstances of the case.

A woman, having passed her time a week or a month, is seized with hemorrhage from the uterus more or less severe. Is she pregnant or not? If yes, is it possible to save foetal life? If we could in all cases answer these questions our course would be much clearer. In the absence of symptoms actually threatening life, we proceed on the assumption that she *may* be pregnant, and that the new life *may* be saved. We have to favor us in this assumption the inherent tendency of all things in nature to reach maturity, aided in this case by judicious rest and stimulated by a carefully chosen homœopathic remedy. Guernsey gave us a list of forty-seven drugs applicable to the case from which we may select if we have time. Sabina china, secale, arnica, aconite, hamamelis, ipecac.,etc., are all useful. Here as elsewhere the simillimum may be expected to do the most good, but in its selection we must not forget the pathological condition. So far we have done what we may safely do in any case. Can we use any mechanical appliances with a view to checking hemorrhage with safety to the integrity of the ovum? Dr. A. F. Currier, of New York, recommends, in passive hemorrhage, to clear away the blood by irrigation with warm water through a fountain syringe, and place a small tampon in the cervix, reinforcing the same with a

vaginal tampon carefully adjusted around the cervix. I have never tested this suggestion therefore cannot speak from experience; but should, in advance, expect it to favor rather than prevent abortion, and to be more in place if we wish to hasten expulsion. Of course as a means to check hemorrhage, this proceeding, pressure, ligation of bleeding points, or any other practical surgical expedient is legitimate; the hemorrhage being generally the most urgent symptom. But in spite of these means the hemorrhage continues, less in amount probably as a result of enforced rest, the absence of the original exciting cause and in a measure of our remedies at intervals, increasing it may be even to a dangerous degree, especially at the time when menstruation should take place.

How long are we to wait before we decide that the physician must give place to the surgeon? Of course there are cases in which to wait an hour is too long; others where hemorrhage may continue almost indefinitely and yet pregnancy go safely to term; but these extremes are so rare that, practically, they may be ignored. If the ovum is to come away, it is better that it should come away whole; the loss of the amniotic fluid tending greatly to complicate matters. To this intent it is important that all manipulation should be of the gentlest character. The cardinal principle being that the abortion should be conducted throughout with the least possible violence. If there has been a flow for a month or six weeks we would all agree I think, that a reasonable trial to remove would be allowable, unless continued enlargement of the womb indicated that the foetus was still growing. Dr. Matthews Duncan, a very conservative gynecologist, said: in such a case "I shall pass a sound taking the full responsibility of the risk of this woman being pregnant. If she is pregnant I want to terminate the pregnancy." This of course as before stated, must depend on the carefully considered circumstances of the case. As a general thing, if let alone, nature will complete the operation in the best way, in from a few hours, to a week or ten days. If she does not in that time, she is probably incap-

ble of doing so unaided, or, even if she is, it is desirable for reasons mentioned that the woman should be freed from the irritating material within the uterus, and it will be proper to consider measures for its removal. If we wait too long we may have our duty explained to us as in the following:

Miss X., taken with flowing; had gone over her time, but denied any indiscretion. Gave sabina 2x and arnica 3x in hourly alternation and ordered rest in bed. After two days flow not ceasing, made examination and found something coming down to external os. Two days later, still farther down and protrudes through the os. Two days later, a young miss, a sister of the patient, called at the door and informed me that "you need not come any more, for we called in another doctor who took it away, and it ought to have been done long ago, and we will never pay you a cent." After one has had this experience thirty or forty times it grows a little monotonous, and he perhaps thinks it time to change his tactics. I have no doubt that if the patient had waited a day or two longer, there would have been no need of manual interference; but that did not help me any, the other doctor reaping all the glory and the banner of homœopathy was trailed in the dust. I have always felt reasonably sure that when the membranes protrude through the external os, filling it up after the manner of a ball valve, that there was comparatively little danger of excessive hemorrhage, and that they might be safely trusted to themselves, especially if the discharge became offensive leading me to infer that they were sloughing off. There is, in these cases, in my opinion, but little danger of sepsis, as nature, if not hurried, has time to throw out a protecting wall.

It is pretty certain that rapid dilatation of the cervix is almost invariably attended with laceration of the internal os, therefore it is to be avoided if possible, and in case it does become necessary, the utmost surgical cleanliness should be the rule on account of the raw surface favoring absorption. Thorough irrigation with warm water before and after manipulation, is generally sufficient. The hands

of the operator should previously have been thoroughly washed with soap and water, and nails filled with soap, and fingers anointed with some fatty material as vaseline, lard or sweet oil. The simplest expedient is to pass the sound, which in a certain number of cases will stimulate the uterus to the completion of its work. From this we may learn the depth of the uterus, and also by gentle manipulation be enabled to make out position and amount of softened material on the otherwise hard surface of the endometrium. If this is not successful then other measures should be instituted, or they may, if judgment dictates, be put into practice at first. If the uterus will admit of the index finger through the internal os, we may introduce the hand into the vagina if necessary, and scrape the fundus with the nail. This will demand chloroform on account of the painful distension of the vulva when the hand is passed in. If the uterus will not admit the finger, we may be able to pass a small placental forceps and remove as much as we can following with a sharp curette if we think it advisable; of course doing the work as thoroughly as possible. Still even though we do not get it all, the crushing it sustains generally results in the remainder coming away in a day or two. If it does not we can repeat the process. I prefer to have the patient chloroformed in these cases, especially if she is of a nervous temperament and sensitive to pain, for then it is possible to proceed with more deliberation. Sometimes a part comes away, and leaves a small mass of tissues, perhaps not larger than a marble, in the uterus which keep up a drizzle that is very tiresome and irritating to the patient. It is surprising what a small amount of offending material will be sufficient to keep the woman's condition below par and render her life miserable.

The history of these cases is many times obscure, the patient not having thought herself *enceinte*, only being conscious of an increased flow, the curette alone revealing the cause of the mischief.

CLINICAL CASES IN GYNÆCOLOGY.<sup>1</sup>

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W. M. TROWBRIDGE, M. D.VIROQUA, WIS.

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Mrs. K. aged 48 years, weight 150 pounds, presented the following history: Has been married for twenty-five years, never pregnant, menses were regular up to twelve years ago, when at times they were profuse, patient had received treatment for retroversion for years, but it gave her only temporary relief. Bimanual examination revealed a perineum and cervix intact, cervix being drawn high up and soft; a large globular body filling the pelvic cavity was easily outlined. An attempt was made to pass a uterine sound, but as there was complete stenosis of the internal os it was impossible. Patient complained of constant bearing down pains, obstinate constipation and no hemorrhages. The diagnosis of fibroid was made and the preparations for a laparotomy such as washing the abdomen with soap and sterilized water followed by ether, lastly absolute alcohol and an abdominal compress of five per cent carbolic was applied. Chloroform being used to complete anesthesia, an incision was made in the median line three inches long, and later was enlarged to the umbilicus. The adhesions were broken up, and the growth drawn out of the abdomen. The vessels were secured between two sets of ligatures and divided. A temporary elastic ligature was passed around the neck of uterus and a peritoneal flap made to cover the stump of the cervix. The abdominal wound was closed by interrupted silk worm gut sutures. Iodoform gauze drainage. The patient was in a good deal of pain for the first twenty-four hours, and received during that time a hypodermic of morphia and atropia. She rallied well and at the present writing is able to attend to her household duties.

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1. Read before the Wisconsin Homeopathic Medical Society, 1897.

REMARKS:—This case was an interesting one from the standpoint of diagnosis. Three physicians having examined the case; one diagnosing it as an intra-uterine fibroid, the other two as out side of the uterus. As was stated before it was impossible to pass a sound on account of a stenosed os and on bimanual manipulations we disagreed. We all decided that an operation was indicated and upon an exploratory incision we found it an intra-uterine fibroid.

Mrs. B. American, age 58 years, weight 150 pounds, married at twenty-one years; menopause established at forty-eight. Patient complained of severe dysmenorrhœa prior to menopause no complaints of pain afterwards. About eight years ago she noticed some enlargement of the abdomen and complained of a dragging feeling and sense of weight in the pelvis. She was examined at that time and informed she was pregnant. April 2nd, 1897, bimanual examination revealed a large tumor, filling the pelvis, and easily outlined. The diagnosis of intra-uterine fibro-cystic tumor was made and as the patient suffered so much inconvenience it was deemed advisable to operate. The preliminary preparations for a laparotomy were made, patient was anesthetized and a median incision was made which extended from umbilicus to symphesis pubis, adhesions broken up, the enlarged uterus drawn out of the abdominal cavity and held by an assistant. Professor Pratt's method of removing the uterus was done, such as severing the ovaries and tubes from their attachment to the broad ligaments, continuous suture of cat gut, closing the wounded surfaces. The broad ligament severed from the uterus, its margins coapted by a continuation of the same suture and the uterus amputated at the internal os by the flap method. Tumor removed. When the ovarian arteries were encountered they were secured by a loop of the continuous suture being passed around them. There was only one suture employed that being a continuous one of catgut. Integument closed by interrupted silk worm gut. No drainage.

(Continued on page 50.)

## DISPLACEMENT OF THE BLADDER WITH RUPTURE OF THE PERINEUM.<sup>1</sup>

CHESTER G. HIGBEE, M. D.

ST. PAUL, MINN.

It has been the fate of the writer to have charge of several patients afflicted with great urinary troubles that were not only difficult to diagnose but were cured only after months of study and treatment. It is possible that by a brief description of such cases and the treatment given will be of service to others. We will not take your time by giving a detailed account of each case, but give the conclusions after a careful review of them as noted at the time they were under treatment. Every case in the class to which we refer, was complicated with greater or less rupture of the cervix uteri and the perineum. We had treated several cases with little benefit to the patient or satisfaction to the doctor before we recognized the relation of the lesions above referred to, to the urethral and vesical symptoms. At times these symptoms would persist in spite of the most carefully chosen remedies, long after the surgical repair of the cervix and perineum. It was surmised that the tension on the uterus during the operation had been too severe, and that the pains were the result. We learned that the severity and continuance of the pains after the tears were repaired, were proportionate to the time since the injury to those parts occurred, the briefer the period the sooner cured. In several old cases it has taken several months to effect a cure. Even in cases in which there was no great displacement of the uterus, if it was one of long standing it was difficult to cure. These cases presented all the symptoms attributable to the bladder and to the urethra and it was only by exclusion that we arrived at a satisfactory diagnosis. We would at times almost conclude that we had malignant disease to treat, and again all acute symptoms would subside so sud-

1. Presented to Missouri Valley Hom. Med. Ass'n., Iowa City, Oct. '97.

denly that it would seem as though no disease was present.

Actual vesicocele in our experience is rare. Prolapsus of the bladder so that pouching into the vagina is apparent, and micturition painful if not impossible, is of frequent occurrence in women whose vaginal walls have been weakened by frequent child-bearing and where the ruptures are not promptly repaired. We know by observation that the urethra becomes thicker and more unyielding at such times. We believe that the bladder is also congested and its walls more or less adherent to the vesico-vaginal connective tissue and that from this increased weight it is crowded down between the pubic bone and the uterus, and a dull heavy pain will be the result, soon to be followed, unless relieved, by more acute symptoms. We have so many times given complete temporary relief by putting the patient on her side, and with the finger or some instrument restoring the organs to their normal positions that it conclusively proves to our mind the correctness of the diagnosis.

The practical question is what can we do to cure these cases. Obviously we must devise some means to keep the organs in their normal position. The nerves are usually so sensitive that the patient cannot wear a vaginal pessary. The trial of several different kinds has resulted in failure. The most efficient remedy we have ever used has been electricity. We would recommend the following course of procedure: Repair the ruptured perineum and cervix. Use remedies to promote a free stool every morning without straining. If there is functional or organic disease of the uterus or ovaries, cure it by remedies and electricity if possible, if not then by a surgical operation. Then the field is clear for you to contend with the most persistent of all the symptoms, the urethral and the vesical complications. We use both the galvanic and faradic currents in treating such cases. Fill the bladder three fourths full of hot water in which a little boracic acid powder has been dissolved. Introduce a metal tipped rubber sound or electrode into the bladder, placing the positive electrode over the lower part

of the abdomen, and turn on from three to eight milliamperes. Let it run ten minutes unless some unpleasant symptoms arise. Follow this by the faradic current the same length of time, and use it as strong as the patient finds most agreeable. The water will raise the prolapsed bladder and the electricity will relieve the congestion and tone up the ligaments and muscles as nothing else will. Do not neglect the administration of the remedy that is indicated by the totality of the symptoms. Do not apply the electricity too frequently. You must judge each case by itself. Some are much more sensitive than others. The nerves that have been pinched and irritable for a long time, will require mild treatment which will need to be continued a long time. By using cocaine you can dilate the urethra with the urethral speculum or the electric dilators, to any reasonable extent with very little pain to the patient. This should be done at the first treatment. The patient should be kept in bed for a day or two after each treatment and advised to lie on the side and not on the back.

The predominant symptom of vaginal prolapsus of the bladder or cystocele is urinary tenesmus. Unless there is urethritis or cystitis no burning or smarting will trouble the patient. Every attempt to urinate when a sitting posture will aggravate the tenesmus. In such attacks advise the patient to assume the knee elbow position, when passing urine. Hot vaginal douches will often relieve the nerve pain and secure sleep. In two cases we have been obliged to resort to anterior colporrhaphy after all other measures had failed. In some chronic cases the vaginal electrode held well up against the urethra, and used with a strong faradic current will be of great service. We meet with some cases of true neuralgia after all other symptoms are cured. If the theory of orificial origin of all these diseases were true, dilatation of the meatus and urethra would speedily cure all symptoms. This we have tried repeatedly without benefit. Urethral tampons have been of little use, irritating the parts from the time they were introduced.

## **ALDRICH—HERNIOTOMY COMPLICATED BY PNEUMONIA. 43**

In conclusion, we repeat that to successfully treat these cases the patient and the physician will have to exercise great patience and persistency.

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### **HERNIOTOMY COMPLICATED BY PNEUMONIA.**

**HENRY C. ALDRICH, M. D.**

**MINNEAPOLIS, MINN.**

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This case was one of an uncomplicated femoral hernia in a woman of thirty-seven. It had existed for several months and as a truss could not be worn satisfactorily, an operation was decided upon. The usual asepstic measures were followed; the patient was anæsthetised by Dr. W. H. Caine; who, at the patient's request used ether first, but was obliged to change to chloroform. The operation itself was simple and uncomplicated; the usual incision being made—I dissected out of the sac a piece of omentum and allowed it to slip back into the abdominal cavity—the femoral ring was closed with catgut, and I closed the wound with two rows of continuous catgut sutures, dressed with iodoform, gauze, cotton, etc. Every thing went well for thirty hours, pulse and temperature being entirely normal, when she had a severe chill followed by a temperature of 103°. You can well imagine my alarm when I was summoned to her bedside; but on examining the wound, no evidence of septic infection was to be found there or in the peritoneal cavity.

A still further examination revealed the fact that she was suffering from a right sided pleuro-pneumonia, which in spite of the most active treatment and the skilled council of Dr. T. J. Gray, who ably assisted me during the operation, caused the patient to go from bad to worse; on the sixth day after the operation the left lung became involved, and on the eighth day she died; having, however, shown no evidence of any infection in the wound, which had healed by primary

union, the reparatory process of nature not having been interfered with by the pulmonic affection.

As to the cause of the lung disease, I can state that I learned, after her death, that the patient on the day before the operation had opened all the windows in her room and wiped off the woodwork and floor with a wet cloth, and got well chilled; and again on the morning of the operation in taking the colon flushings, she had passed back and forth through a cold hall with but scanty clothing, and must have in this way as the vernacular has it, "taken her death of cold." Possibly the use of the ether at the beginning of anaesthesia may have had something to do with precipitating the attack of pneumonia. Who can tell?

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### TECHNIQUE OF THE PUPERIUM.<sup>1</sup>

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G. H. RIPLEY, M. D.

KENOSHA, WIS.

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In considering the technique of the puerperium, one of the most potent factors is the nurse or attendant. All mothers cannot have a trained nurse in their confinement. When they can, much of the responsibility of the physician is removed, and the mother and child are much more sure of proper care.

When I am engaged to attend a woman in confinement I make it a point to inquire who the attendant is to be and discourage the employment of any one whom from experience I have found to be incompetent. I recommend the woman as a nurse who is clean, neat, quiet and willing to be instructed and who will follow instructions. These qualities are not found in all women who style themselves nurses. In fact I have met with those in which I failed to find any of them and had not done nature done much to protect lying-in women I fear the death rate would be much larger in puerperal cases.

<sup>1</sup> Read before Wisconsin Homoeopathic Medical Society, 1897.

The puerperium commences with the commencement of labor, in the condition of the patient and her preparation for labor. She should be dressed in the way you want her to be after her confinement, and for all ordinary cases this may be done and the clothing protected so as not to be soiled in the least. The bowels should be moved with an enema unless there has been a free movement at the beginning of labor, as is natures plan though not always carried out. One great convenience that has a marked influence on the immediate condition of the patient, is the obstetrical bed-pan. I have used one for four years and don't see how I could attend a case without it. I use the Crandall pan, and by placing it at the close of the first stage of labor, the bed is kept clean and dry, and when labor is over everything comes away with the bed-pan. If pads or napkins are used sufficient to absorb the flow and changed often, the bed may be kept clean and dry, and there will be no occasion to change it until later on. In five minutes after the placenta is delivered, the mother is ready to rest in clean clothes and a clean bed. I want to emphasize the use of the bed-pan. It saves labor and aids in preparing the patient for the lying-in period.

As soon as the mother is somewhat rested, and surely before leaving her, I examine the perineum. If there is a tear that includes any of the muscular structures it should be repaired at once under anesthesia. If the delivery is by instruments I prepare for the repair of the perineum before giving the anesthetic and repair at once if necessary. Should there be after pains, I at once empty the uterus of clots; if this does not relieve I apply heat over the fundus, watching the flow and discontinue it if profuse; when the relief from this is not sufficient, and the pains are so severe that the mother can get no rest I administer one-fourth grain of morphia by the mouth and have never failed to get a good result and the patient will be exceedingly grateful for the relief.

The patient should be instructed to attempt to pass the urine within eight hours from the close of labor, and if the

case has not been too severe she may be raised to the half sitting posture. Many women cannot pass the urine on the bed-pan, but will easily relieve themselves if allowed to sit up. Don't use the catheter until this method has been tried, except when labor has been severe and protracted or the patient has failed to pass it after several attempts, and it has been fifteen hours since the last passage of urine. Then use a silver catheter with the rubber tubing to the vessel at the bedside, passing the catheter without uncovering the patient. If the bowels have not moved at the end of the second day, I prescribe a wineglassful of Rubinat water to be taken before breakfast the next morning. I find this to be effective and very satisfactory in most cases. If hemorrhoids develop as is frequently the case if the mother has been constipated during pregnancy, I use *æsculus* cerate on the external tumors and suppositories of same in the rectum. Here I have found the Rubinat water especially useful as it causes a liquid stool with little or no straining. The accoucheur should not leave his patient until he is sure the tendency to hemorrhage is checked; usually if the flow amounts to a hemorrhage it can be controlled by manipulating the uterus through the abdominal walls; make a rotary movement pressing towards pelvis, and if this does not control the flow, a hypodermic of ergotine, one-tenth grain, will be sufficient; except in extreme cases when the patient lives some distance from my office, I usually leave thirty drops of fluid extract of ergot with directions that if the flow is too profuse at any time, the attendant is to dilute the ergot with one-third glass of water and give in two doses, giving the second dose in half an hour if the first does not check the flow. I use no vaginal douche unless there is some odor from the lochia, believing the danger from outside infection, if douche is used, is greater with unskilled nursing than to leave the natural conditions to themselves. When necessary to use douche, the attendant should be given careful instructions, great emphasis being placed on the cleanliness. The syringe tube should be thoroughly cleaned es-

pecially if it has been used for any other case and the water used, be boiled and cooled to the proper temperature. The external parts should be carefully bathed before tube is inserted.

The breasts should receive careful attention. The nipples must be kept clean; I believe that all authorities agree that mammary abscess comes from infection at the nipple, and to avoid it the breasts should be protected from all possible infection. To do this, cover them with a layer of absorbent cotton after each nursing, and bathe the nipple before and after nursing, also washing the babes mouth with some antiseptic solution, twenty-five per cent listerine in water being agreeable and effective. If the breasts are large and distended, great relief may be given the mother by bandaging. The bandage may be of unbleached muslin ten inches wide, tearing back a strip one inch wide from each end to be brought over the shoulder and pinned in front as a support. Then pad under the arms and between the breasts sufficiently to relieve the pressure of the bandage from the breasts and pin firm enough to hold the mammæ up in place. A bandage should always be used around the hips immediately after labor is over. It never does harm, and many time is a great relief to the patient in supporting the hips after a severe labor. Don't leave it for the nurse to apply unless she is skilled.

If on visiting the patient the second or third day after labor, I find her restless with some headache, and possibly, not always, pain in pelvis or lower abdomen with slight tenderness on pressure and a temperature of  $100^{\circ}$  or  $101^{\circ}$  and that anxious appearance of the features that needs only to be seen to be recognized ever after, I at once suspect a retention of some portion of the secundines and give a intra-uterine douche. The douche should be of plain boiled water if one can be sure of its cleanliness, otherwise a 1 to 4,000 bichloride solution should be used. To prepare the patient for this, I fold a quilt and lay under the back, having the hips projecting and placing a basin or pan to catch the water. In this way the bed may be kept dry and avoid

the trouble found in using the bed pan which is apt to run over with the first quart of water. I repeat this in twelve hours if the temperature does not return to normal, and if after the second washing there is further evidence of sepsis I curette the uterus under anesthesia.

There can be no set time for the mother to stay in bed. Each case must be a law unto itself. If the labor has been long and severe or the patient not strong, she will need to rest longer.

I believe no mother should stand on her feet during the first ten days after labor. After that she may be up a short time each day until after the third week, when, if her strength has returned, and she is in good condition, she may begin to resume her household duties.

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A UNIQUE CASE OF OBSTETRICS; ALSO A  
VERIFICATION OF A REMEDY.<sup>1</sup>

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C. J. STEELE, M. D.  
MILWAUKEE, WIS.

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I am led to report the following cases, the first because to me it is unique, although to others it may not be so. On Dec. 10, 1896, I was summoned to the residence of Mr. G., 29th street, this city, to see his wife. On arriving at the house and meeting the lady, I was informed that she was in the seventh month of pregnancy, although her appearance did not indicate a pregnancy of more than three months. On my remarking this fact she gave me the following history: The day before she had done the family washing and this being completed attempted to lift a tub of water for the purpose of emptying it. As she did so there was a sudden rush of water from the vagina and she became flat. On examination I found the parts normally moist, os uteri not more than usually patulous and I was able to outline the enlarged uterus, which was about one-half the size apparently that it should be at that stage of pregnancy,

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<sup>1</sup> Read before Wisconsin Homœopathic Medical Society, 1897.

there was no pain and no distress of any kind. I told the lady that under the circumstances I could do nothing, but thought if she was careful she might go to the end of her term and possibly bear a living child. Preparing caulophyllum 3x and arnica 3x in water, I directed her to take tea-spoonful doses every alternate hour; then I left, telling her to inform me as to progress. On the evening of Dec. 15, I received another call to her house and on arrival found her in labor. On examination the os uteri was dilated but I could not tell what was the presenting part, to the finger the feeling was as if it were in a mass of angleworms. I at first thought that there was a prolapse of the funis, but as I could not succeed in any efforts at reposition, I kept quiet and awaited events; at 10:45 the pains became rapid and severe and at 11:15 delivery took place. The child I saw at a glance was dead, it being decomposed in places. As the mother was very weak and nervous I tied the cord and severing it, laid the infant aside until I could quiet the mother and then made an examination of the foetus. To my surprise I found a complete abdominal rupture, extending from umbilicus half way to the spine through which rupture all the abdominal organs were protruding. These were what I felt and which puzzled me as to the prolapse of funis and the presenting part. I lifted the stomach of the child and every organ followed in its normal position. I report this case as unique for two reasons:

First—It is remarkable that there being decomposition of foetus at time of delivery, there should follow no septic infection of the mother. She made a good recovery, the temperature at no time being above normal. No chills or change of pulse.

Second—I am interested in knowing what caused this rupture of the foetal abdominal wall? Was there at the time of the rupture of the amniotic fluid a transverse presentation and did the sudden contraction of the uterus cause the rupture or what did it?

Case No. 2 is very brief, it being merely a verification of a remedy and an exemplification of the fact that short med-

ical articles are better and more perfectly impressed on the mind than long and prosy ones.

January 29, 1897, I was called to see Mrs. J., on 21st street, this city. She was in the eighth month of her pregnancy and for a week had been losing the amniotic fluid. As the distance from my house was considerable, I went prepared to remain and on arrival and examination found no signs of actual labor. Her pains were slow in coming and no longer than 15 to 20 seconds duration. I thought it a false alarm and went to sleep. The next morning the same condition continued and on through the day until 4 p.m. when they were slightly harder and longer. At 7:30 I resolved to put into practice a hint I had read shortly before as to the efficacy of Kali phos. in such cases. I accordingly prepared about 20 grains of the 3c, the only strength I had with me, in two-thirds of a glass of water and gave 1 drachm every 20 minutes. I had, I must confess, no great faith in the matter, but after the third dose at 8:30, her pains came on stronger and longer, and at 10:15 I delivered her of a fine healthy boy, who to-day is a pleasure to behold. The writer of the article from which I gathered the item about Kali phos., claims it to be almost a specific in cases of uterine inertia during labor. Be that as it may, the patient mentioned in this report believes it to be a wonderful remedy and declares it saved her hours of suffering.

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#### CLINICAL CASES IN GYNÆCOLOGY.

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W. M. TROWBRIDGE, M. D.

VIROQUA, WIS.

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*Continued from page 39.*

**REMARKS:**—Although this patient was ten years older than the preceding one, there was not the shock connected with this operation that there was with the former; owing, no doubt, to the fact that there were no ligatures applied to the masses of tissue. At no time during convalescence did

the patient's temperature run above  $99\frac{1}{2}$  degrees, pulse 88; and she made an uninterrupted recovery.

Ella Mc. age 28 years, was admitted to the homœopathic wards, Cook County Hospital, January 9th, 1895. She entered as an emergency obstetrical case, her child having been born in the ambulance two blocks from the hospital.

When the mother and child were admitted to the examining room they were in good condition. The attendant said the child was heard to make a faint cry, and the mother was conscious of the fact that she had given birth to a child. Hastily they were taken to the ward where we proceeded to make an examination. The child was found lying with its body parallel with the mothers limbs, showing probably a vertex presentation. The placenta intact and some hemorrhage from the uterus. Firm pressure on the fundus with left hand and gentle traction on the cord soon removed it. The child to all appearances was dead; all the body except the face was of a waxy white color. The face being slightly bluish, artificial respiration was performed for several minutes, but it proved valueless. The child merely gasped two or three times; there was no pulsation of the cord. On examination of the child our attention was drawn to two things; size of child and a tumor.

The mother told me that she was only seven months pregnant and had never felt well during gestation. There was no history of severe fright except on New Year's eve. when she was near a natural gas explosion.

The tumor was about the size of a large orange, somewhat flattened at both ends, situated exactly where the child's buttocks should have been. The external genitals were well formed. The arms situated about one-half inch below the same. The photo. of foetus and tumor can be seen on page 1221 of the Homœopathic Text Book of Surgery.

**Post Mortem:**—Showed a vascular tumor soft and pulpy surrounded by a thin layer of clotted blood. Microscopical examination gave us the diagnosis of a sarcoma.

**REMARKS:**—This is not strictly under the head of gynæcology, but is of interest from a pathological stand point.

MINNEAPOLIS

# HOMŒOPATHIC MAGAZINE.

**HENRY C. ALDRICH, M. D., EDITOR.**

ASSOCIATES:

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The editors are responsible for the maintenance of the dignity and courtesy of the journal, but NOT for the opinions expressed by contributors. Requests for reprints should accompany manuscript. No discourteous or anonymous communications will be recognized.

All manuscripts, exchanges or books for review, should be addressed to **HENRY C. ALDRICH, M. D., 313 Medical Block, Minneapolis.**

All subscriptions and communications in reference to advertising, etc., should be addressed to **MAGAZINE PUBLISHING CO., Medical Block, Minneapolis, Minn.**

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## EDITORIALETTES

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### THE COMPOUND TABLET.

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Certain of our prominent pharmacies are becoming badly addicted to the compound tablet habit. All sorts of combinations of all sorts of remedies in all sorts of potencies are being boldly recommended as specifics for the various and several ailments to which human flesh is heir. When accused of being loose or unscientific in this respect, our friends the drug men invariably charge it all to the doctors. They claim that there is a demand for this sort of thing, and that they are but struggling to meet it. To a certain extent this is doubtless true—but it is an open question whether, in most instances, the tablet is not the father of the demand instead of *vice versa*. It is a very simple matter to get up these combinations. It is very easy to recommend them as scientific and reliable, and it is not at all difficult to get the careless doctor, the lazy doctor and the

overworked doctor to grasp at these straws in the hope of avoiding the wear and tear incident to individual brain-work. As to how often this is done, the conscience of our friend the pharmacist is the only censor. But wherever the blame lies, the fact remains that the compound tablet is far from scientific. Shot-gun homœopathy is a therapeutic monstrosity. It is the most indefensible of all medical methods known to man. It is not flesh, fish, nor fowl. There is not a word to be said in its favor except upon the feeble plea of convenience, and that is indeed a paltry excuse when a human life is hanging in the balance. The combination tablet should be laid away in the churchyard along with all other therapeutic follies. It scarcely deserves even a decent burial.

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#### THE AMERICAN INSTITUTE.

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And still the discussion concerning the management of our national organization goes merrily on. Many of our seniors, whom we all revere, have risen to declare most emphatically that there is no truth in the charges made, and to affirm with equal emphasis that the institute is and always has been conducted for the greatest good of the greatest number. Others, however, are candid enough to concede that there may be room for improvement, and show a disposition to acknowledge the force of the old saw that where there is so much smoke there must be some fire. Meanwhile our periodicals are distinctly benefited by the discussion. The breath of life has been breathed into more than one journalistic corpse, and some of our monthly funeral processions have been done away with, at least temporarily. Verily, there is no loss without some gain. And there is still the further prospect that the thunder storm which now seems to envelop our national body will result in a clarifying of the atmosphere which will in the end not only reoxygenate the present sluggish blood current of our representative organization, but also furnish a little fresh

ozone for all of us. On the whole, there seems to be no cause for sorrow in the present outlook.

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### IMPROVEMENTS IN MICROSCOPY.

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Prof. Elmer Gates of Washington, has discovered that by viewing the image produced by one microscope through another microscope or series of microscopes, that he can ultimately attain a magnification of no less than a hundred million diameters.

He has already magnified parts of a diatom 360,000 times and photographed the same. In fact the least leakage of light spoils all the effect, and by the use of a photographic camera in place of the eye these results are best obtained; and only by the most delicate manipulations can these results be brought about.

We quote Prof. Gates as follows: "This ultra-microscopic domain commences where the best present microscope leaves off, and this instrument opens a realm in the study of cellular life of profoundest importance to the human race; with the present microscope we can indeed see that a cell has a body, nucleus, granules, flagellæ, vacuoles, chromatic filaments and a foam like structure, but of its minuter anatomy we know nothing. The new instrument promises to go as much further into that unknown province as the present microscope goes beyond the province of the eye."

*The Medical Visitor* comes to us this month in an entirely new dress, in fact much improved in appearance. This change has been brought about owing to its having changed ownership; the Halsey Bros. Co. now being its publisher, and Dr. Wilson A. Smith its new editor. We welcome the new management, and to Dr. T. S. Hoyne we express our regrets at his leaving the editorial chair.

The December number of the *Medical Times* is decked in silver on account of celebrating its twenty-fifth anniversary. We congratulate the editors not only on the fine make up, and contents but also on their long terms of service.

## QUESTIONS ABOUT ABORTIONS.

Dr. C. D. Arnold of El Reno, Oklahoma Territory, a man of prominence in his locality, asks the profession to answer to him directly the appended questions; every answer will be held strictly private, and as the doctor intends using the data in preparation of an article soon to be published, we trust all our readers will aid him with the information desired.

### QUESTIONS.

1. Give total number of abortions from all causes that occurred in your practice during 1897?
2. In how many of these abortions were the elements of criminality, to your mind, apparent?
3. In how many of these abortions, except those classed in question two, were the elements of criminality, to your mind, probable?
4. How many of the abortions named in question two and three were followed by puerperal septicæmia or other diseases?
5. How many deaths resulted from the abortions named in question two and three?
6. How many still-born in your practice?
7. How many infanticides?
8. How many viable children born in your practice?
9. How many cases of puerperal mania resulted from the abortions classed in questions two and three?

All midwives who are licensed, are solicited and urged to answer the above questions also.

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## BOOKS.

**ALASKA: ITS NEGLECTED PAST, ITS BRILLIANT FUTURE.** By BUSHROD WASHINGTON JAMES. Philadelphia: The Sunshine Publishing Co., 1897. Price, \$1.50.

This book is from the pen of the author of Alaskana, a volume of poems giving the legends of that far away country, now in its third edition, which appeared a few

years since and sustains the reputation of the author as a descriptive writer. It is beautifully illustrated, well printed and contains subject matter of paramount interest just now when the magic of the name Alaska fills every mind.

The work calls attention to the serious neglect of proper legislation for the protection of the territory. The descriptions of the country were written on the spot; the maps of which there are sixteen, are of the latest; the illustrations, thirty-three in number, are fine, and altogether it is a book of value and interest.

**SAW PALMETTO, (Sabal Serrulata), ITS HISTORY, BOTANY, CHEMISTRY, PHARMACOLOGY, PROVINGS, CLINICAL EXPERIENCE AND THERAPEUTIC APPLICATIONS;** By EDWIN M. HALE, M. D., Philadelphia: Boericke & Tafel, 1898. Price, cloth, 50 cents; postage, 5 cents.

As outlined in the title above, this well known writer has given us an exhaustive study of the drug saw palmetto, one that is of value to all physicians; one that is interesting and instructive; a volume that should be in the hands of all in the medical profession. The publishers have put out a good book.

**AN EPITOME OF THE HISTORY OF MEDICINE,** By ROSWELL PARK, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with Portraits and other Engravings. One Volume, Royal Octavo, pages xiv-348. Extra Cloth, Beveled Edges, \$2.00 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street, Philadelphia; 117 West Forty-second street, New York; 9 Lakeside Building Chicago.

This well known author and surgeon has struck the key note when he says in his preface: "The history of medicine has been sadly neglected in our medical schools." How true this is; how few among the disciples of Aesculapius, of Hippocrates, of Celsus, of Galen, or even of Hahnemann can give a review of their life times, or methods: Such being the case, a work of this kind is indeed welcome and

needed. We most sincerely trust that all our readers will, in their spare moments, peruse this work for it is of value as well as of interest and well worth the price asked for it.

The writer has not opened his vials of wrath upon homœopathy, speaking of it as being "the natural reaction against the heroic treatment of the time, the other extreme being reached, even to practical therapeutic nihilism."

Isopathy is styled "the filthiest theory ever invented." Evidently the worthy writer has forgotten the recent developments of bacteriology and the serum treatments resulting therefrom, Koch's tuberculin, etc.

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E. B. Treat & Co., 241-243 West 23rd street, New York, announce the early publication of *The International Medical Annual, 1898*, a work of reference for medical practitioners, sixteenth year, cloth, about 700 pages, copiously illustrated, including thirty-six full-page plates, twelve of which are finely colored. Price, \$3.00 net, post free.

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With the January number the *Medical Era* begins the issuance of the *Surgical Era*, a department which is under the control of that well known surgeon, Dr. Chas. Adams. If the first issue is any criterion, this change will prove a distinct addition to homœopathic journalism and the *Era* is to be congratulated.

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## NEWS AND NOTES.

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### STUDY OF THE AMERICAN MEDICINAL FLORA.

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The sub-commission of the Pan-American Medical Congress appointed to study the medicinal plants of the United States has entered into an association with the Smithsonian Institute for that purpose. The attention of our readers is called to the respective circulars issued by these organizations, which we print below.

Smithsonian Institute, Washington, D. D., May 28, 1897.

DEAR SIR:—The Smithsonian Institute has undertaken to bring together all possible material bearing on the medicinal uses of plants in the United States. Arrangements have been made with a body representing the Pan-American Medical Congress, the Sub-Commission on Medicinal Flora of the United States, to elaborate a report on this subject, and the material when received will be turned over to them for investigation.

The accompanying detailed instructions relative to specimens and notes have been prepared by the Sub-Commission.

All packages and correspondence should be addressed to the Smithsonian Institute, Washington, D. C., and marked on the outside Medicinal Plants for the U. S. National Museum.

Franks which will carry specimens, when of suitable size, together with descriptions and notes, free of postage through mails, will be forwarded upon application. Should an object be too large for transmission by mail, the sender is requested, before shipping it, to notify the institution, in order that a proper authorization for its shipment may be made out.

Respectfully,

(Signed) S. P. Langley,  
Secretary.

#### INSTRUCTIONS RELATIVE TO MEDICINAL PLANTS.

The Pan-American Medical Congress, at its meeting held in the City of Mexico, in November, 1896, took steps to institute a systematic study of the American medicinal flora, through the medium of a general commission and of special sub-commissions, the latter to be organized in the several countries. The sub-commission for the United States has been formed and consists of Dr. Varley Havard, U. S. A., chairman; Mr. Frederick V. Coville, Botanist of the U. S. Department of Agriculture; Dr. C. F. Millspaugh, Curator of the Botanical Department of the Field Colum-

bian Museum; Chicago; Dr. Charles Mohr, State Botanist of Alabama; Dr. W. P. Wilson, Director of the Philadelphia Commercial Museums; and Prof. H. H. Rusby, of the New York College of Pharmacy. This sub-committee solicits information concerning the medicinal plants of the United States from every one in a position to accord it. The principal points of study are as follows:

1. Local names.
2. Local uses, together with historical facts.
3. Geographical distribution and degree of abundance in the wild state.
4. Is the plant collected for market, and if so,
  - (a) At what season of the year?
  - (b) To how great an extent?
  - (c) How prepared for market?
  - (d) What is the effect of such collection upon the wild supply?
  - (e) What price does it bring?
  - (f) Is the industry profitable?
5. Is the plant, or has it ever been, cultivated, and if so, give all information on the subject, particularly as to whether such supplies are of superior quality, and whether the industry has proved profitable.
6. If not cultivated, present facts concerning the life history of the plant which might aid in determining methods of cultivation.
7. Is the drug subject to substitution or adulteration, and if so, give information as to the plants used for this purpose.

While it is not expected that many persons will be able to contribute information on all these points concerning any plant, it is hoped that a large number of persons will be willing to communicate such partial knowledge as they possess.

It is not the important or standard drugs alone concerning which information is sought. The sub-committee desires to compile a complete list of the plants which have been used medicinally, however trivial such use may be. It also

desires to collect all obtainable information, historical, scientific and economic, concerning our native and naturalized plants of this class, and to that end, invites the co-operation of all persons interested. Poisonous plants of all kinds come within the scope of our inquiry, whether producing dangerous symptoms in man, or simply skin inflammation, or as "loco-weeds," deleterious to horses, cattle and sheep. In this respect, the general reputation of a plant is not so much desired as the particulars of cases of poisoning actually seen, or heard from reliable observers. It is believed that much interesting knowledge can be obtained from Indians, Mexicans and half-breeds, and that consequently, Indian agencies and reservations are particularly favorable fields for our investigation. Such knowledge will be most acceptable when based upon known facts and experiments.

In order to assist in the study of the habits, properties and uses of medicinal plants, the sub-commission undertakes to furnish the name of any plant-specimen received, together with any desired information available.

Owing to the diversity in the common names of many plants it will be necessary for reports, when not furnished by botanists or others qualified to state the botanical names with certainty, to accompany the same with some specimen of the plant sufficient for its identification. While the sub-commission will endeavor to determine the plant from any portion of it which may be sent, it should be appreciated that the labor of identification is very greatly decreased, and its usefulness increased, by the possession of complete material, that is, leaf, flower and fruit, and in the case of small plants, the underground portion also. It is best to dry such specimens thoroughly, in a flat condition under pressure, before mailing. While any convenient means of accomplishing this result may be employed, the following procedure is recommended. Select a flowering or fruiting branch, as the case may be, which when pressed shall not exceed 16 inches in length by 10 inches in width. If the plant be a herb two or three feet high, it may be doubled,

to bring it within these measurements. If it posses root leaves, some of these should be included. Lay the specimen flat in a fold of newspaper and place this in a pile of newspapers, carpet felting or some other form of paper which readily absorbs moisture, and place the pile in a dry place under a pressure of about 20 to 30 pounds, sufficient to keep the leaves from wrinkling when they dry. If a number of specimens are pressed at the same time, each is to be separated from the others by three or four folded newspapers or an equivalent in other kinds of paper. In 12 to 24 hours these papers will be found saturated with the absorbed moisture and the fold containing the specimen should be transferred to dry ones. This change should be repeated for from two to five days according to the state of the weather, the place where the drying is done, the freshness of the specimens, etc. The best way to secure the required pressure is by means of a pair of strong straps though weights will do. The best place for drying is beside a hot kitchen range. When dry the specimens should be mailed between cardboards or some other light but stiff materials which will not bend in transit.

It is a most important matter that the name and address of the sender should be attached to the package and that the specimens, if more than one, should be numbered, the sender retaining also specimens bearing the same number, to facilitate any correspondence which may follow. The sub-commission requests that, so far as practicable, all plants sent be represented by at least four specimens.

(Signed) H. H. RUSBY, M. D.,  
Chairman of the General Commission,  
New York College of Pharmacy.  
VALERY HAVARD, M. D.,  
Chairman of the Sub-Commission,  
Fort Slocum, Davids Island, N. Y.

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If you are thinking of going abroad this year, write Dr. Howard S. Paine, Glens Falls, New York, for his "Itinerary."

### IDAHO'S MEDICAL LAW.

From the Spokane, Washington papers of Dec. 6, we learn that the supreme court of Idaho has decided that the medical practice law is invalid owing to the senate in its final reading to save time, having suspended the rules and not causing it to be read section by section, consequently the law was invalid through having been not passed upon as commanded by the constitution of the state.

Dr. W. W. Drought of Fergus Falls, Minn., is doing post-graduate work at the New York Post-Graduate Medical School.

Hahnemann Hospital, Chicago, cared for 1140 in-patients and 25000 out-patients last year.

Drs. W. T. DeCoster and B. V. Lares, University of Minnesota '97, have opened offices at South St. Paul.

Dr. I. T. Talbot of Boston, has been elected director of the Massachusetts Homoeopathic Hospital, and will devote himself to its management, having given up practice.

Dr. Thos. Lowe of Slayton, Minn., was in the city recently on his way to New York City for Post Graduate work. while away his practice will be cared for by Dr. J. B. Wheelock of Minneapolis.

Dr. H. S. Liddle has returned from his eastern trip, and brought Mrs. Liddle with him.

Dr. C. C. Shinnick formerly of Hot Springs, S. D., who of late years has practiced in Salt Lake, Utah, has removed to Oakland, Cal.

Dr. J. E. Mann, formerly of Omaha, Neb., has removed to Louisville, Ky., with offices in the Forda Block. He has also been elected to the chair of Eye, Ear, Nose and Throat Diseases in the Southwestern Homœopathic Medical College.

*The Clinique* tells us that Dr. Thos. W. Ashley, has located at 242 E. 55 St., Chicago, removing from River Falls, Wisconsin.

Dr. Harrietta S. Beebe, of Minneapolis spent January in Florida.

The following homœopathists practicing in Kansas and Oklahoma are county coroners A. L. Edgington, Blaine Co., Oklahoma; L. M. Worthen, Paola, Kansas; R. M. Clark, Minneapolis, Kansas and Dr. Anderson, Seneca, Kansas.

Dr. W. H. Fisher, Le Sueur, Minn., has been appointed a member of the Pension Examining Board at that place.

Dr. J. M. Lee, Rochester, N. Y., announces his removal to his new residence and office at 121 Lake Ave., that city.

Dr. S. M. Spaulding of Minneapolis, started January 18th, for a months sojourn on the Pacific Coast.

Dr. Minnie W. Hopkins at one time a student at the University of Minnesota Homœopathic College, is practicing at Oconto, Wis.

The Moline, Illinois Public Hospital is rapidly approaching completion. The secretary of its board of directors is a homœopathist, Dr. A. H. Arp.

Dr. H. E. Johnson formerly of Lincoln, Neb., has removed to Oshkosh, Wis.

Dr. Joseph Hallett of Bloomington, Illinois has been appointed a U. S. Pension Examiner at that place.

Dr. W. P. Bennett, Crestline, Ohio, is surgeon to the Pennsylvania R. R.; Dr. W. B. Andrews, Kent, Ohio, to the Big Four, R. R., and Dr. Chas. Gangloff, Pittsburg, Pa., to the Consolidated Traction Company.

A personal letter from Dr. Thos. Lowe of Slayton, Minn., President of our Minnesota State Institute, who is now in N. Y. at the Post-Graduate school, informs us that he finds at the same college several homœopathists from all parts of the U. S. The feature that impresses him as strongly as any is the fact that the allopaths have so little faith in internal medication.

Dr. A. E. Higbee, spent the holidays in Philadelphia with his son who is attending Hahnemann Medical College in that city.

Through the daily press, as well as the medical journals, Dr. Carl Schlatter of Zurich, Switzerland has been unduly exploited recently on account of having removed a woman's stomach on Sept. 6th, last; the patient surviving the ordeal and living, apparently in the best of health; thus demonstrating that the stomach is not an essential organ. Dr. Bernays of St. Louis, Mo., recently did a similar operation, but unsuccessfully.

Homœopathy is to be well represented in the Klondike country, as Dr. E. R. Gregg, J. K. Perrine and W. W. Verner all of our school of practice, recently started from N. Y. for Dawson City via Cape Horn, fully equipped to establish a hospital.

Dr. L. A. Bishop of Fon du Lac, Wis., is the regularly appointed surgeon of the Northwestern Line at that place.

Dr. H. B. Reynolds of Escanaba, Wis., has been appointed U. S. Marine Hospital Surgeon at that port, and with his partner Dr. W. A. Cotton are county physicians of Delta Co., and have full charge of the hospital.

Recent writers speak of undoubted cases of acute yellow atrophy of the liver as being undoubtedly caused by prolonged chloroform anæsthesia; therefore where we suspect that the liver is not normal we should use ether anæsthesia it having been demonstrated that chloroform narcosis causes a degeneration of liver cells.

A school of homœopathy has been opened in Paris, France, giving a three months course of homœopathic instruction. The faculty are Drs. P. Jousset, Marc Jousset, Leon Simon, Tessier, Love, Parenteau and M. Escalle.

The Penn Mutual Life Insurance Company of Philadelphia, has again shown the sensibility of its management by appointing Dr. R. M. Richards of Detroit, Mich., as one of its medical examiners.

Dr. W. Golden Mortimer, 504 W., 146 St., New York, desires that all physicians will send him such data of which they may be possessed regarding Coca, as to its uses therapeutically and as a food.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### THE SUPEREMINENCE OF HOMŒOPATHY.

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CHAS. S. MACK, M. D.  
LA PORTE, INDIANA.

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All homœopathists are agreed, I take it, that in some sense homœopathy is the best thing in the medical world to-day. That homœopathy is in some sense the best thing in medicine to-day is, I take it, the reason why, those of us who believe in it, and at the same time believe in rational medicine and in empiricism, still identify ourselves by name with homœopathy. While thus far agreed, we may differ as to the sense in which homœopathy is better than anything else in medicine. Perhaps most homœopathists would say that homœopathy seems applicable in more instances than any other system, and would upon this base their claim for it as supereminent. Now it is upon something entirely different from this view (and not necessarily in harmony with it) that I would base the claim for homœopathy's supereminence. The claim for the superiority of homœopathy I would base upon the fact that the cure of which *similia* is the law transcends the possibilities of

rational practice, and cannot be intelligently attempted in empiricism. This appeals to me more forcibly than does any thing else as a reason for one's identifying himself by name with homœopathy. If it is true (and I firmly believe it is) that the particular cure attempted in any given practice of homœopathy transcends the possibilities of rational practice, can anything be more evident than that it is proper for those who believe in this particular cure, and in *similia similibus curantur* as the law of it, to identify themselves by name with homœopathy, in order that (whatever practice they may adopt in a given case) they may first, last and all the time, be distinguished from those physicians who regard rational practice as the *ne plus ultra* in medicine?

The cure, of which *similia* is the law, is an immediate transformation from abnormal to normal (or approximately normal) of vital processes and (in consequence) their effects. Now vital processes are not *in themselves* knowable; they can be known only *in their effects*. But the data to any given rational practice must be *in themselves* knowable. It follows that the cure of which *similia* is the law, transcends the possibilities of rational medicine. That particular cure cannot be intelligently attempted excepting under guidance of a law of nature, stating what relation, between disease as *known in its effects*, and a dynamic drug as *known in its immediate effects upon normal vital processes*, marks that drug, as capable of effecting in some degree that immediate transformation.

If this view is correct, it completely refutes the charge, frequently made by the old school against us as homœopaths—that we are inconsistent in that, while accepting rational practice, we still call ourselves homœopaths. As the particular cure of which *similia* is the law transcends the possibilities of rational medicine, it is, of course, entirely different from any that can be attempted in rational medicine; it follows that there is no inconsistency in ones accepting homœopathy and, at the same time, accepting rational medicine, any

more than there is inconsistency in accepting two rational practices whose immediate ends differ from one another, as, for instance, a rational practice with a germicide and a rational practice with an anodyne. And as the particular cure of which *similia* is the law transcends the possibilities of rational medicine, it is neither inconsistent nor improper that those of us who believe in that cure and in *similia* as the law of it, should identify ourselves by name with it, in order that we may be known as advocates of that cure which, in a sense, outranks any other cure, and which most physicians do not believe in but would gladly consign to oblivion.

I feel very confident that it will be found immensely useful to accurately define the particular cure of which *similia* is the law—to accurately define rational practice—and to clearly show that the cure of which *similia* is the law transcends the possibilities of rational practice. These three things I have attempted in my little book, *Principles of Medicine\**. I believe that in past controversies over homeopathy, much time and energy has been misspent, both by advocates of homeopathy, and by opponents of it, because they lacked accurate definition of just what is the cure of which *similia* is the law. I think that in the October, 1897, number of *The American Medical Monthly*, (Baltimore), and in two papers now in the hands of the editor of *The Hahnemannian Monthly* (Philadelphia), I have, by discussing, in the light of such definition, quotations from Brunton, H. C. Wood, Headland and Stille, shown that no one of these leaders in the old school has understood even of what cure *similia* purports to be the law. I believe that at some future time all discussions of homeopathy will be preceded by accurate definition of that cure—that the disputants, having clearly in mind just what is the point at issue, will debate to far better advantage, and that the result of their discussions will be a far more widespread acceptance of homeopathy than as yet obtains.

I have said above that what I would base the claim for

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\*Recently published by The W. T. Keener Co., 96 Washington St. Chicago.

homœopathy's supereminence upon, is not necessarily in harmony with the view that homœopathy is applicable in more cases than any other system of medicine. According to the view I present, one might be an enthusiastic homœopathist and still prescribe under guidance of *similia* in only a small part of his practice.

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## TREATMENT OF CATARRHAL DACYROCYSTITIS.

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S. C. DELAP, M. D.

Prof. of Ophthalmology, etc., Kansas City Homœopathic Medical College.

KANSAS CITY, MO.

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In this paper it is not presumed that anything will be added to the literature of the subject. The only object in writing it, is a feeling that a milder treatment may prove more beneficial and avoid unnecessary mutilation. With this purpose in view it is hoped that some of the statements that may herein appear will have the effect of emphasizing the desirability of milder measures in dealing with the tear duct.

Some years ago a lady brought to me her boy who was suffering from a moderate paresis of the muscles of one side of the face. The lower punctum was slightly displaced so that it was not applied normally to the eyeball for taking up and carrying away the tears. This condition had led to a mild dacryocystitis of the catarrhal variety with stricture of the canaliculus and apparent stricture of the nasal duct. Her family physician had recommended her to a specialist who had, on numerous occasions, demonstrated his belief that it was an easy matter to cut his way up to fame. He told her that the canaliculus must be first slit up, then the nasal duct must be similarly dealt with, followed by a little probing, for all of which he demanded a good fee in advance. The mother was unable to meet the requirements and at the same time thought it might be possible to get along with a little less cutting. I was called

upon to treat the case. I began by dilating the canaliculus. At first I could only insert the knobbed end of the canaliculus knife. With this I dilated the punctum until it admitted an No. 00 probe. I then passed the latter into the sac. I was some days in reaching this result. Then I used the No. 0 and finally the No. 1. By nicking the punctum slightly, I was able to pass the No. 1 with ease, and at the same time to continue it through the nasal duct. No larger probe was ever used, though the boy was thirteen years old. In the course of a few months the trouble was relieved so that no more inconvenience was experienced.

In my earlier years of practice I adopted the habit of my teachers and slit up many lachrymal canals and also used the knife on many nasal ducts for supposed stricture. Then a long and tedious course of dilating with probes until those as large as No. 8 were occasionally attempted. It was my aim, in accordance with my instructions, to make strenuous efforts to attain a dilation with a No. 4. During the last eight years have never attempted to use a larger probe than a Bowman No. 1. I rarely slit the canaliculus, and not in a single instance have I used the knife upon the nasal duct. The results I have achieved by the milder methods of treatment have been infinitely better than those by the severer methods.

After looking over the literature of this subject, and after having read much of the various cutting methods and the indications for the same, I was a little surprised to run across the following by De Wecker. I suppose that I had read it when a student, but I was then so impressed with the necessity of using the knife in all these cases that I did not heed his admonition. "The presence of dacryocystitis is no proof of obstruction or stricture, either of the lachrymal puncta or of the nasal duct. The overflow of tears is due to the distention of the sac interfering with the performance of its regular functions, and also of the swelling of the mucous membrane, and the excessive secretion of tears. There are two points of capital importance here on which much of the success of treatment will depend. One is, to

realize that we are not called upon to remove any obstacles which oppose a definite amount of resistance, such as occlusions and constrictions. All methods, therefore, in any way, rough or coarse are to be deprecated. The second is, to realize that any treatment adopted should disturb the physiological functions of the tear passages as little as possible."

There are two other points that I have found of great importance to observe. One is to keep the lachrymal sac empty by teaching the patient to press out the accumulated secretion frequently, but not in a way to injure the parts. If the escape is into the nose so much the better, but it is better to empty the sac into the eye than to permit it to accumulate and distend the sac until the mere distention is the cause of pathological changes and the septic changes in the sac aggravate the inflammation and all the symptoms. Another is to use a mild antiseptic, like boracic acid. This can be dropped into the eye each time after emptying the sac of its contents. Some of it will generally find its way into the sac. It will at least cleanse the eye. Of course, the oculist will inject such a solution into the sac and thoroughly cleanse it, when necessary. It is surprising to observe how many occlusions that seem obstinate strictures, will yield to gentle dilatation, asepsis and other hygienic measures.

If the cause exists outside of the lachrymal apparatus, as in the nose, a cure cannot be effected until this is removed. If a hypertrophic nasal catarrh, a very frequent cause, it is of the first importance to restore to the patient normal respiration and a normal condition of the lining membrane of the nose. With the cure of the nasal disease the dacryocystitis will often disappear.

Epiphora is the symptom that is often relied upon to establish a diagnosis of stricture of the tear duct. This symptom may be due to increased secretion of tears. It is common when exposed to cold winds, and to eye strain resulting from astigmatism and other refractive errors. In such cases it is, of course, of primary importance to remove the causes

of increased lachrymal secretion, rather than to begin with an attempt to secure a larger capacity for drainage.

The opening from the sac into the lachrymal duct is usually sigmoid in shape. Being a slit it is often wider at one portion than another. In passing a probe one may strike a widened part one time, and at another a narrower portion and thus fail to secure a passage the second or subsequent attempt. If this fact is borne in mind, many false passages and injuries to the sac and duct may be avoided.

In closing, let it be said, that slitting up the canaliculus and dilating with probes till large ones are used is not the "first and fundamental principle," as laid down by Soelberg Wells, and practiced by many oculists.

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## PROLAPSE OF THE OVARY<sup>1</sup>

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M. L. HUNTINGTON, M. D.

DARLINGTON, WIS.

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Before beginning to write this paper, it was my intention to include all the dislocations to which the ovary is liable, but I find that the condition named "Ovarian prolapse", by Goodell, is in itself sufficient, and I hope that this may stimulate others, if there be any, who are not already thoroughly familiar with the other dislocations to which the ovary is subject to a careful study of the matter.

Descent of the ovary, although not previously unknown, is a condition which has been studied by gynæcologists with greater care since Battey gave to the profession his famous operation, oophorectomy, than ever before, and now in consequence, many an obscure gynæcologic problem is capable of solution which before was impossible.

The causes which lead to, and produce this condition are numerous. The most frequent cause of this displacement is subinvolution of the ovaries and ligaments after preg-

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1. Read before the Wisconsin Homœopathic Medical Society, 1897.

nancy. It is a physiological fact, that the ovaries increase during gestation and the puerperal state to nearly double their former size and weight. The ligaments undergo changes to accomodate the uterus in its ascent into the abdomen. They are elongated to a remarkable degree. Now, if during the puerperal state, any incident occurs which interferes with their involution, we have a subinvolution of the ovaries, and tubes and ligaments, just as truly as we have subinvolution of the uterus itself, and the fact is that we can hardly have subinvolution of the one without having the same condition in the other, because of their intimate circulatory and nervous interdependence.

Then, if we have given subinvolted ligaments, which means large, relaxed, flabby ligaments and a subinvolted ovary, which means a large, congested and ultimately a chronically inflamed gland, we can readily understand how, by gravity, it will sink to a level where it will find support, whether that be at the Douglas' pouch or not. It is a remarkable fact, that if only one is prolapsed under these conditions, it is nearly always the left, and if both are down, the left is lower than the right. This can be accounted for by three anatomical facts, viz:

1st: That the left ovarian vein has no valve, while the right has, which more readily permits engorgement of the left, than of the right ovary.

2nd: That the left ligament is longer.

3rd: The left side of Douglas' pouch is deeper.

Then besides, the action of the rectum upon its contents, tends to crowd the left downward. The remarkable association of retroflexion of the uterus and subinvolution offers further explanation of the coincidence of ovarian prolapse and subinvolution. For a descent of the fundus uteri would of itself drag the ovaries out of place, but the fact of the ovaries being so often found underneath the retroflexed fundus, is quite good evidence that the retroflexion of itself is not the primal cause of the ovarian descent.

The next cause in order of frequency, is chronic ovaritis, and in this case also, the left is the one most liable to suffer

prolapse, for the reason already given. The chronically inflamed ovary by reason of its increased weight, drags upon the supporting ligaments until in the course of time, relaxation and descent result. The same result occurs in the case of ovaries affected by cystic or other degenerations whereby increased weight is brought to bear upon the supports.

Sometimes the ovarian dislocation is congenital and what the cause of it may be, no one knows.

Again, some severe strain or injury may be the cause of this accident. This is doubted by some authors, but it is asserted by others who are equally, if not more trustworthy observers, such as Tait, Ludlam, Goodell, Marm, and others. I have myself found one case in which no other cause can be given. The pain and suffering dates back to a series of strains from heavy lifting, when a sensation of something giving away was felt, and have continued to the present time, growing worse. It is a right ovary and lies at the bottom of the Douglas sac.

My first examination was made some time ago when the organ appeared to be of about the normal size and consistency and easily movable although tender, with the uterus in correct position.

The patient who lives at a distance, has been under the care of a physician, who insisted upon ignoring it as a trivial matter, which would correct itself by and by. I now find that it is larger by one-half its former size and is moved with difficulty, showing that ovaritis, with formation of adhesions, may be the ultimate result in a case of simple prolapse if neglected or improperly treated.

To show how easily this condition may be overlooked, how essential it is to be careful in examination, I will mention the fact that this patient had, previous to my first examination, been under the care of two of the best medical men in our state, without the prolapsed ovary having been found.

It is said that sometimes the descent of an ovary is the result of tubal disease, but whether it acts directly by reason of increased weight upon the supports, or by excit-

ing ovaritis, which in turn accomplishes the prolapse, is not clear. However the diseased ovaries and tubes are so often found lodged together in the retro-uterine space as to suggest a causal relationship either upon the part of the tube or the ovary. This much I have observed myself that in case of ovarian prolapse, without uterine deviation, fallopian colic is a very pronounced symptom at the menstrual molimen, doubtless caused by a change in the course of the tube whereby its normal peristaltic movement is interfered with and I believe that this state of thing will eventually result in fallopian disease if not corrected.

The contraction of adhesions formed by previous inflammation is said to be a cause of ovarian displacement. This admits of some doubt, for the ovaritis which is an invariable accompaniment of ovarian adhesions may be the primary disease and the cause of both displacement and adhesions, especially if the displacement is considerable.

The symptoms produced by this condition are first, pain upon walking. This is caused by the pinching to which the ovaries are subjected between the retro-displaced uterus and the sacrum. This pain is referred to the inguinal or sacral regions and is of sickening character. Sometimes it comes suddenly as if the ovary had under pressure slipped from between the firm bodies. If the left one is down, there will be a throbbing and agonizing pain during and after defecation. Painful coitus is another prominent symptom of this condition.

Another symptom which will be misleading to a so called pure Hahnemannian, who cares naught for diagnosis, is the relief of pain, while lying curled up on the affected side.

Headache and other reflexes too numerous to mention will be found. Diagnosis can only be made by the most careful and thorough examination.

In a recent case several physicians had declared that no ovarian disease existed after simply exerting pressure on the inguinal regions without eliciting pain, when in fact both ovaries were in the bottom of the Douglas pouch together with their tubes which were enormously distended

with pus as was demonstrated at the time of their removal. The ovaries must be carefully palpated before a useful diagnosis can be made, and this may usually be done by one or more of several methods described in the books, viz: the bimanual method, the vaginal method, the rectal method and the rectovaginal method. Some difficulty may be experienced to distinguish between a retroflexed fundus and diseased ovaries or tubes in the recto-uterine space. Above all things do not jump at a diagnosis as I once did, to my great chagrin. After finding a retroflexed uterus with several lumps upon its posterior surface, I solemnly informed the interested husband next day, that his wife was the victim of serious uterine disease, and recommended him to take her to a specialist at once. They could not go just then, and I was called again soon, to do what I could to relieve her sufferings, when upon a more careful examination I found the lumps to be ovaries and a dilated right tube. As may be imagined my remarks to myself were more forcible than complimentary.

To distinguish between ovaries and dilated tubes lying in the retro-uterine space, is sometimes quite difficult. But by careful and patient examination it may usually be accomplished. The sensation imparted to the examining finger by an ovary is characteristic, and the pain caused by pressure upon the same is of a peculiar sickening nature. The tubes should be traced from the fundus which is not very difficult if they are much enlarged. One point should not be forgotten, that when the tubes are full and convoluted, which is often the case, they will feel like a succession of lumps. Inflammatory deposit has a brawny fell and is likely to be more or less in the shape of a collar, or an indistinct mass in which the uterus is imbedded. Fecal scybala ought never to be confounded with a prolapsed ovary. Sub-peritoneal fibroids upon the posterior surface of the fundus being only slightly sensitive ought not to mislead. The diagnosis of mobility or of fixation is not always easily made without placing patient in such a posi-

tion that by gravity the uterus is made to uncover it. Such as the right or left lateral or the knee chest position. In making a diagnosis, a fact which I have not before mentioned, must not be lost sight of, namely that the ovary in rare instances descends anteriorly to the broad ligament and then will be found between bladder and uterus or nearly so. Sometimes the posterior descent is incomplete, then it will be found lodged upon the retro-ovarian shelf which is about on the level with the internal os uteri. *Prognosis* will depend upon conditions present in each case.

If the ovaries are freely movable and their displacement depends upon a retro displacement of the uterus which can be reduced and retained, prognosis is favorable, but if they are adherent it must be guarded. If there is simple displacement without adhesion it may be favorable, but must be guarded as to time. If there are extensive adhesions in any case, little can be done for it short of radical surgical treatment. In the treatment of this condition the causes must be taken into account and if possible be first removed. If it be caused by chronic ovaritis, that must be relieved. If by subinvolution and retrodislocation of the uterus, then the indication is clearly, first to remove that cause and so on through the list. Certain hygienic measure should be instituted at once. Inasmuch as constipation is usually a cause of much pain and irritation, the contents of the rectum must, by all means, be kept soft. Dyspareunia is a symptom which is nearly always present, and the indication is plain that all intercourse and sexual excitement must be prohibited. During the menstrual period, when there is a natural afflux of blood to these organs and the pain is usually greatest, rest in bed is very essential. In fact during the intermenstrual time, rest in the recumbent position is of material advantage and should be taken as much as possible.

Coe, in the American System of Gynæcology says, "In considering the more direct treatment of prolapse of the ovary, we naturally divide all cases into two classes, be-

tween which there is a wide difference, as regard treatment, as well as prognosis. A prolapsed ovary may be either movable or fixed. If movable, the indication is to raise it out of pain's way and to support it with a suitable instrument; if fixed, to loosen its adhesions and eventually to elevate it as before, or, this failing to render the patient's lot as endurable as possible, the other alternative in the latter condition is surgical interference to which the gynaecologist may resort sooner or later according to his tendencies and experience."

In repositing a prolapsed ovary, the patient must be first put into proper position, which will be found to be either the right or left Sims position, or the knee chest position. The reason is obvious. The left Sims position should be assumed for repositing the left ovary and the right for the right ovary. After the ovary is repositioned, it must be supported in the position either by vaginal tampons or some form of pessary. At first, however, inasmuch as the ovaries will not often tolerate a support so hard and firm as a pessary, it will be best to use wool tampons which are elastic and unirritating, until a degree of tolerance is acquired, which will permit the use of a pessary. When this instrument is used it must fit well or it may do more damage than good, by allowing the ovary to slip between it and the sacrum, pinching it without mercy. The patient should be instructed to assume the knee chest position, as taught by Dr. Campbell, of Georgia, several times a day for a few minutes. This will tend to bring the organs into proper position, relieve congestion, thereby diminishing their size and weight, and favor contraction of their ligaments. Hot vaginal douches, properly administered may often be used to advantage in relieving congestion and irritation, but their indiscriminate use is attended with danger for in some cases they are not well tolerated.

In case of failure after a careful trial of the conservative treatment, more radical measures may be resorted to. Several operations have been employed for the relief of

this condition, such as the Alexander-Adams operation, and also hysterorraphy, which are designed to permanently correct the uterine deviation and give the ovaries a chance to return home. In the British Gynaecological Journal Vol. 1, Page 375, Dr. Imlach reports excellent results in these cases from oophorsaphy, which consists in stitching the hilum of the ovary to the broad ligaments. In some cases also, in which they were adherent, but not otherwise seriously diseased he broke up adhesions and stitched them to the ligament with apparently good results. If the organ is hopelessly diseased, extirpation is indicated.

In the second class of cases, namely, those which are fixed, an effort must be made to loosen the adhesions and also to relieve the actual inflammation in and about the inflamed organ. For the latter purpose, such remedies as the hot vaginal douche, iodine, glycerine, and boro-glyceride tampons are indicated. Electricity is here useful, not only to relieve the chronic inflammation and pain, but to hasten absorption of the inflammatory deposits. Galvanism is preferable and should be applied two or three times a week, 15 to 20 Ma. for 5 to 10 minutes. A large abdominal electrode for external use and a ball electrode for the active or vaginal pole are necessary. If the object of the treatment is to relieve pain, the positive to the vagina is best, but if to stimulate absorption, the negative. Pelvic massage is useful after the tenderness and pain have been overcome to loosen adhesions. After all inflammatory action has been overcome and the tubes are known to be free from disease, an attempt may be made under ether to forcibly break adhesions and reposit the dislocated organs by Schultze's method. The results of this operation however, are not encouraging, and will not be indicated except in a few selected cases.

For the cases which resist all palliation and conservative treatment together with those in which there are serious tubal diseases, there is a dernier resort in oophorectomy, the detail and results of which are well known.

## WHEN TO USE THE FORCEPS<sup>1</sup>

A. SCHLÆMILCH, M. D.

PORTRAGE, WIS.

There is probably no procedure in obstetrics that will bring to the practitioner more genuine respect and gratitude on the part of his patient, than the proper and timely delivery of a woman by the aid of forceps. I consider it always the plain duty of every physician to relieve his patient of pain and suffering. It is true, that labor at full term is a physiological process requiring in the majority of cases no interference whatever. But at the present age, where there seems to exist a tendency to a diminution of the size of the female pelvis and an increase in the size of the foetal head, the truly physiological normal labors are not so frequently met with, and our opportunities for offering assistance have grown correspondingly. When, therefore, it is in our power to shorten a woman's suffering, if by the timely and intelligent use of the forceps we can terminate a case of labor in ten to thirty minutes, which, with the patient unaided, would require a number of hours, it becomes our plain duty to interfere; leaving our patient after delivery in a vigorous condition with an unexhausted firmly contracted uterus and herself free from the dangers of post partum hemorrhage.

We still find in every community superannuated physicians who are too willing (because it is so easy) to adhere to the old maxim of letting nature take her course. Some of these men boast of not having used their forceps once in ten or fifteen years. During a severe case of labor we generally find them calmly sitting at the bedside of the parturient, who is exhausting her strength in prolonged efforts to give birth to a child out of proportion in size to that of her pelvic canal, giving plenty of verbal encouragement alternated with an occasional useless examination, and

during all this time letting nature take her course; but themselves of as much real benefit to the patient as some old granny or a wooden man would be.

At precisely what time forceps are to be used is a question which will always be answered according to the disposition of the practitioner. In our text books we find the following rules laid down: In the American Text Book of Obstetrics we find their use recommended:

First:—In lingering labor, when the natural efforts are unable to effect delivery.

Second:—When speedy delivery is imperative in the interest of the mother, as in hemorrhage, convulsions, exhaustion, advanced cardiac or pulmonary disease, etc.

Third:—When speedy delivery is indicated in the interest of the child, as in impending death of the mother, or in threatened asphyxia of the child.

In our old Guernsey we find these indications:

First:—When the os uteri is either dilated, or soft and yielding and there is a proper degree of moisture of the parts, but the action of the uterus appears to have subsided or ceased altogether, and the patient is becoming exhausted, this author does not forget to advocate the reasonable use of homœopathic remedies before the application of the forceps.

It seems to me, that we might as well try a number of internal remedies in a case of fracture or dislocation as to squander valuable time by using them in the above mentioned condition. Besides it would be utterly impossible to find the indicated homœopathic remedy. I know of no remedy that will cause such conditions in the healthy subject; and any remedy *used* by a person calling himself a homœopathist, does not for this reason become a homœopathic remedy. I hope you will excuse this digression. Guernsey's further indications for the use of the forceps are mostly covered by his first rule. They are:

Second:—In some cases of facial presentation where the diameters of the head are opposed to those of the pelvis.

Third:—Where there exists a disproportion between the

cephalic globe and the maternal pelvis, but not sufficient to require craniotomy.

Fourth:—Where the hand or foot presents with the head.

Fifth:—Where certain emergencies complicating labor require a speedy delivery, as in case of convulsions, etc.

Sixth:—When the after coming head in a breach presentation is compressing the cord. This, by the way, will always be found the case in breach presentation, for it cannot very well be otherwise.

Lusk, in Science and Art of Midwifery states: It would be an unprofitable undertaking to enumerate all the conditions which render forceps advisable. The indications for their use may be summed up in two general propositions:

First: Where the ordinary forces operative in labor are insufficient to overcome the obstacles to delivery.

Second: Where speedy delivery is demanded in the interest of either mother or child.

According to these rules, the determination of the precise time when to interfere is left entirely with the practitioner, and as I have stated before, the early or late interference will be determined by his disposition. Our friend Leavitt, in his Science and Art of Obstetrics, mentions the same rules for the use of forceps that we find laid down by Lusk. I will mention a few conditions requiring their use.

There is one position of the presenting head, fortunately not often met with, where our authors differ in the treatment of the case. This is the occipito-posterior position. These cases are as a rule so troublesome and so frequently terminate unsatisfactorily, that I cannot avoid mentioning the remark made by Prof. Comstock, some years ago, at a medical convention, where he is said to have stated that the most satisfactory method of handling these cases, was not to get them in the first place. They are always tedious and trying to the physician as well as the patient. When called after the membranes have ruptured, the only way to help our patient along will be by the aid of the forceps. Where the head is still at the superior strait, and we have to manage the case unaided, it will be found difficult to at

once apply our instruments satisfactorily, because the child's vertex will be found projecting over the symphysis. Here is where plenty of patience and perseverance are a requisite. After repeated endeavors made with several applications of the forceps, we will succeed in bringing the head into the cavity of the pelvis. Here Prof. Leavitt advises us to endeavor to bring about satisfactory rotation with the aid of the forceps so as to transform this unfavorable position of the child's head into a normal presentation; while other prominent authors declare this procedure impracticable and deprecate the use of forceps for this purpose as greatly endangering the maternal parts, and possibly turning the head to such an extent as to endanger the life of the child. This latter objection I deem of special importance, as we cannot ascertain whether while turning the child's head, its body will turn also. The safest plan then seems to be to procure, with the aid of the forceps and digital manipulation, the greatest amount of flexion of the head possible, and conclude delivery by traction in the axis of the pelvis. In about nine cases out of ten, if not oftener, while the occiput sweeps over the perineum, the latter will be ruptured, and in five out of sixteen cases, the child will be born dead.

In the mento-posterior position we have a condition of affairs perhaps even more trying than the one last mentioned. While the head rests in the pelvic cavity, rotation of the chin to the front by repeated application of the forceps, is by the majority of authors declared to be inadmissible, while Leavitt believes it a conservative operation for both mother and child to apply forceps, and operating with extreme care, attempt to bring the parts forward. He states that he has done so in two cases without harm. The instrument in that instance requiring two applications. In the first application the instrument-curve should look towards the forehead, and after rotation has been effected so far as the transverse diameter, the instrument should be removed and reapplied with the curve directed towards the chin. Rotation is then to be slowly performed under trac-

tion, and the chin brought to the pubic arch. Delivery by drawing the chin over the sacrum and perinæum with the aid of a pair of narrow forceps, such as Taylors, has been accomplished. Where this is not feasible, craniotomy is recommended.

Another indication for the forceps when the head is low down in the pelvis, is rigidity of the perinæum, which is usually a sign of failing uterine action. So long as the head advances through the parturient canal by regular progression, the vagina pours out an abundant secretion of mucus and relaxation takes place. In arrest of this advance, the continued pressure of the head causes venous stasis, disappearance of the secretion and finally inflammatory infiltration. Soon the temperature rises and the pulse becomes frequent. These cases do not call for aconite, belladonna or apis, but for the introduction into the vagina of a liberal quantity of some lubricant and the immediate application of the forceps.

In conclusion I wish to state, that there are a variety of conditions strongly indicating the use of instruments which may be covered by the general term of delayed labor. This condition is quite frequently met with, and receives according to the disposition of the attendant, the most varied treatment. Some practitioners rely on plenty of time and patience, in other words inactivity on their part; others prescribe from a long list of remedies, while still others proceed to instrumental interference as soon as there is an arrest of progress. It matters not, at what point of the pelvic canal we find the presenting part, there is no measure intended to expedite delivery that will compare in effectiveness with the use of forceps. I have applied them repeatedly where the head rested at the brim of the pelvis, in the cavity of the sacrum and at the outlet of the parturient canal with full satisfaction to the patient and myself.

Having advocated the use of the forceps, allow me to state further, that in order to apply them intelligently, the first requisite is an accurate knowledge of the position of the fœtus. With their mode of application we are familiar.

In regard to their management after application while the head is at the superior strait, the handle should be brought back as far as the perinæum will permit without injury, firmly grasped and steadied with the left hand, while with the right hand, resting on the upper part of the handle, a steady pressure is exerted in the direction of the sacrum. This backward pressure by the right hand, assisted by moderate traction exerted by the left, will in a majority of cases cause the head to pass the superior strait. After the head is lodged in the cavity of the sacrum, and rotation has taken place, it frequently becomes necessary to reapply the instruments in order to secure their application to the sides of the head, because at the brim of the pelvis, forceps are generally applied to the head obliquely. A steady traction now exerted in the axis of the pelvis will soon bring the head to the vulva. Here is where good judgment is needed to prevent a rupture of the perinæum. When the head is about to emerge from the vulva, it has been my practice to remove the long forceps and leave the case to nature where the pains are vigorous, or to substitute a smaller pair, such as Hale's, controlling these with the left hand, while with the palm of the right supporting the perinæum, and the middle finger in the rectum assisting progress when necessary, I generally succeed in effecting a safe delivery. Mindful of the motto of relieving the parturient of all unnecessary suffering, I fully anæsthetize the patient in every difficult case of labor.

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#### COMPLETE RUPTURE OF THE PERINEUM, IMMEDIATE REPAIR AND RECOVERY.

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O. N. HOYT, M. D.  
GREEN MOUNTAIN, IOWA.

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In a practice of about twenty years I have but recently had an experience which included complete rupture of the perineum, sphincter ani and nearly two inches of the rectum.

These cases being rare, I have concluded to report this as it may be of interest, especially to the younger members of the profession.

CASE:—A young woman, second labor in less than one year. At first labor, the perineum was ruptured, sewed up and united nicely. At this, the second labor, I was in the house about five minutes when a hard continuous pain completed the birth, tearing every thing before it. When the afterbirth had come away, the patient was placed across the bed on a rubber sheet which extended to a pail by the side of the bed and an injection of warm water was given per rectum, or by bowel as the rectum had been severed. Pressure was made around the injecting tube to confine the water, for otherwise it could not have been retained. The lower bowel being well cleaned out, warm sterilized water was injected into the womb to clear away as much discharge as possible, also that there might not be any unnecessary flow. Chloroform was then given the patient and with plenty of good female help, the fringed pieces of flesh were trimmed off and the uniting of the parts was commenced. Beginning from above the severed edges of the rectal and vaginal mucous membrane were united firmly throughout with continued sutures of fine catgut. The severed ends of the sphincter muscle were then washed off, coapted and sewed with interrupted sutures of heavy catgut, care being taken not to go too deep and include the whole anus thus closing it. After being made clean with sterilized water, the perineum was united by interrupted sutures of silver wire; the patient was then arranged in bed, the parts dusted with merc. cor. 4x and clean linen clothes applied to the parts. There was but little pain, and the lady felt and slept well from the first. Each day the water was drawn twice and the vagina cleaned by injection each time, that no injected water should be retained to work in and around the stitches, the patient was placed upon the side with limbs flexed and with back close to the front of the bed, the rubber sheet being used to carry the water away. This was continued eleven days, at which time the

wire sutures were removed from the perineum. Upon the ninth day a rectal injection of one ounce of sweet oil was given. The tenth day the finger passing into the anus showed a united sphincter, also found fecal matter in the rectum when an injection was given of warm water. A little surprise was felt when a part of the water passed out through the vagina with a little fecal matter. To obviate straining in moving the bowels, sweet oil was injected and by careful use of a curette, the fecal matter was brought out with but little trouble. The bowels were moved each alternate day afterward by injection, and each time less water passed into the vagina until the twentieth day, when the aperture seemed closed.

It is now three months since this lady was confined. She feels right in every way but mentions that at times confined gas finds its way through into the vagina, showing that there is still a small recto-vaginal fistula. The patient's diet was liquid food for the first week. She left her bed in twenty-five days, and was doing her work in one month. It was too early, but feeling well and being a thrifty farmer's wife I could not confine her longer.

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#### CASES FROM PRACTICE<sup>1</sup>

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C. J. STEELE, M. D.

MILWAUKEE, WIS.

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Monday, April 19, 1897, was called to see Rosa G., age six weeks, of this city. Found the child of almost an indigo color from head to foot; respiration hurried, temperature a little subnormal, eyes wide open and staring, pupils dilated, no appetite, and watery, foul smelling, greenish colored diarrhoea; pulse very rapid, so much so I did not count it; loose rattling cough, and vomiting whenever food, which was very little—was taken. On inquiry, the mother told me that since birth the child had been more or less

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1. Read before the Wisconsin Homœopathic Medical Society, 1897.

blue, but for the last three days had been getting worse.

My diagnosis was cyanosis from cardiac deficiency. What to do was the question. The loose cough, nausea and vomiting, and stools pointed to ipecac; the feeble, rapid pulse, to cactus, digitalis or strophanthus. I could not give all these remedies, and as a first trial, gave digitalis and ipecac, 3x m. xv in one-half glass of water; dose 15m every half-hour.

Next morning slightly better, continued same remedies until Tuesday 22d. From that date until Monday 28th, I gave ipecac and digitalis in one glass and arsenicum 3x, as indicated, as the child seemed very thirsty. On Monday, the 28th, dropped arsenicun and continued same as before. Child went on very nicely, and on May 3rd, I left her, with the blue color entirely gone, bowels and all bodily functions normal. During the course of the disease I used as food, Horlick's malted milk and condensed milk as seemed to be indicated; sometimes one and sometimes the other being more agreeable to the child.

Case No. 2. Nellie W., 1084, 18th St., city, age seven. First visit October 12, 1896. Patient in bed, temperature 101°, pulse 96, respiration short and hurried, pupils dilated slightly, abdomen a little tender to pressure, no pain; bowels and kidneys fairly active. History of similar attacks previously. Child very nervous, restless in sleep, grating teeth, and picking of nose; breath offensive; no irritation of rectum or anything indicating seat worms. Appetite fair. From the symptoms presented, I considered the trouble to proceed more from the stomach than elsewhere, and gave nux 3. and bell. 3., every alternate hour. Next morning the child was better and went on to recovery. After she was again around the house and going to school, I put her on to cod liver oil (Peter Moller's pure norwegian), as she was thin and spare of build, 1 drachm after meals. During the day I gave her calc. hypophos. 6x, every two hours a small powder. Under this treatment she gained flesh, and at present is a healthy child. At various times a few doses of nux 3x will quiet any gastric disturbance.

## CORRESPONDENCE.

### A PLEA FOR A WESTERN PILGRIMAGE.

The Local Committee of Arrangements for the Omaha meeting of the American Institute of Homœopathy are very much encouraged at the prospect of making at least two records in the history of Institute meetings.

First, as to attendance, and second, as to new members. The inquiries as to what we are doing in Omaha, are so numerous as to indicate that the interest in our next meeting is beyond that shown for many years. This is, of course, especially true of the west, but is also equally gratifying from all over the east. The plans for a most thorough canvass for new members throughout the states west of the Mississippi River are being carefully laid, and a surprise is in store for our beloved Institute.

We are glad to report to the members and friends of our National Society, that arrangements are progressing satisfactorily and that we will soon be ready to make an official report to the executive committee in detail.

Omaha is to be the National Convention City this year. Over sixty National and Sectional meetings are booked for the Exposition City in 1898. We wish to assure our visitors that hotel accommodations are ample and satisfactory. A list will be given in a few weeks, and it is urged that engagements for rooms be made early through our sub-committee for hotels. Our meeting occurring probably the last week in June, booking for rooms should be made early in May. This is important and should be borne in mind.

The railway facilities for reaching Omaha are unexcelled. Fourteen lines of railway converge at Omaha from all directions. The train service between Chicago and Omaha in point of elegance of equipment is equal to that between Chicago and New York, so nothing more need be said as that is the finest in the world.

While here in attendance of the Institute sessions, nothing will be allowed to interfere with the regular program

of the meeting, but for him who desires recreation and entertainment, most ample facilities will be provided. If the visitor wishes to see something large, he will be shown an ore smelter which turns out more gold and silver than any other refinery in the world.

He can also see the extensive meat-packing establishments of Armour, Cudahy, Swift, Hammond, and others, who have national fame as millionaire packers, and find that Omaha is crowding Chicago hard for first honors as to the volume of meat products distributed. Omaha's Parks, Public Buildings, Art Galleries, Libraries, etc., must not be overlooked in the dazzling magnificence of the Great Trans-Mississippi and International Exposition, which begins June 1st, for a five months exhibition.

The plan of this Exposition is modeled after the World's Fair and its architectural beauty will recall vividly the magnificence of Chicago's famous Court of Honor. A booklet giving some idea of this Great Fair will be mailed to each member of the Institute and to all others upon application.

A word to tourists: Omaha is the gateway to a realm of sublime scenery and unrivalled wealth. From this Gate City radiate an half-dozen great railway trunk-lines, through Nebraska, the greatest corn producing state in our country, and with its great stock industries and beet-sugar factories and varied farming products, fast becoming the richest of the western states.

Beyond are the Alps of America, snow-capped, ice-mantled, with silent, congealed, eternal rivers projecting into the valleys as mighty glaciers; mountains of gold and silver; Gardens of the Gods; springs, veritable Fountains of Youth; and scenery of unrivaled grandeur. To the northwest are the Black Hills with their golden treasures; the world renowned Homestake mines; the Hot Springs with the famous hot plunge bath; the Wonderful Wind cave with ninety-six miles of subterranean depths already explored; fishing, scenery, hotels and transportation facilities all that can be desired. Two trunk lines compete for travel here.

If you are looking for fine fishing, you can be accommodated by a few hours ride from Omaha, viz: Lake Tekamah, Spirit Lake, Lake Okoboji, Lake Washington, and a dozen others contiguous to Omaha by rail; or you can go farther in to the trout regions of Wyoming and the mountain districts.

Many of our visitors will wish to visit Yellowstone Park, a most delightful trip into a veritable wonderland which has no prototype; incomparable in Nature's domains, a veritable museum of scenic freaks and beauty, with its geysers, canons, springs, cataracts, weird petrifications, and game preserves of many, all but extinct, American wild animals.

Colorado needs no mention, you will hear of the attractions of that wonderful state from Denver. Wyoming, Utah, Montana, Idaho, also have their special features for the tourist.

All this wealth of scenery and inspiring grandeur is within the reach of the most modest and most economical of Institute members. Excursions will be made through the Black Hills to Colorado, Utah, Yellowstone Park, etc. The season will be delightful for such excursions, and our visiting doctors and their friends will get so full of mountain ozone and patriotic enthusiasm that they will be carried many years beyond the three score and ten allotted to man.

Friends, Doctors and Countrymen, begin early to plan for this trip to Omaha. Enjoy the great meeting of your National Medical Society. Educate yourselves by attending the brilliant Exhibition, an artistic object-lesson of the resources of your country, The Trans Mississippi and International Exposition, in which millions of dollars are being judiciously expended to worthily present to your view the splendid products of American industry. Broaden your knowledge, your lungs, and your hum-drum experience by visiting the wonderland of your native country, the envy of all lands, the great Rocky Mountains with their primeval glories. Do this, and believe me, when you shall have returned to your several homes, there will come daily into your life with its weary rounds, a bright troop of blessed memories and splendid visions. When you turn your eyes toward the setting sun, your heart will prompt you to bless the friends who urged your pilgrimage hither, and you will find your love and admiration cemented eternally to the Great West, *Your West, Your Country.*

D. A. FOOTE, M. D.

Chairman Sub-Committee Press and Correspondence.  
Local Committee of Arrangements.

MINNEAPOLIS

# HOMOEOPATHIC MAGAZINE.

**HENRY C. ALDRICH, M. D., EDITOR.**

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All subscriptions and communications in reference to advertising, etc., should be addressed to **MAGAZINE PUBLISHING CO., Medical Block, Minneapolis, Minn.**

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## EDITORIAL

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Bulletin No. 54 of the Agricultural Station of the University of Minnesota, consists of several papers (bound together) upon "The Rational Feeding of Men." The investigations and experiments—of which these papers are the result—have been made by Prof. Harry Snyder, and as presented to the public in Bulletin No. 54 are of the greatest value.

The great trouble is, that these results fail to reach the class of people that stand in the most need of them; let it be the work of every physician reading these words, to make himself familiar with what the Bulletin contains, and at least make the effort to bring those we come in contact with, to a more rational mode of living; the object of which is to supply the human body with the proper amount of the right kind of food.

Our animals are fed, so that the best results are obtained in the way of economy, health, and the amount of labor that can be performed. Not so with man, but too few consider

whether the body is supplied with the proper nutrients for the production of heat and energy, and for the necessary repair of the worn out tissue.

The experiments of Prof. Snyder, place before the reader in a concise form, the foods that are rich in protein—or, the substance that forms the basis of animal tissue—those rich in fats, carbohydrates etc.; and give a general knowledge of the composition of foods thus enabling any intelligent person to know what sorts of food can be combined to advantage.

There is not the shadow of a doubt, but that little or no attention at all is paid to the proper combination of foods—which ought to be, and is, a matter of but small difficulty, if only the attention be directed into the proper channels—which should be regulated in adults according to the amount of work to be performed.

Prof. Snyder says:—"The market price of foods is never regulated according to the amount of nutrients which the foods contain. It should be the aim of the purchaser, as well as the farmer, to both buy and sell food products according to their actual food values."

Beefsteak—round, at ten cents per pound, and eggs at ten cents per dozen, are not to be compared in value. In calculating the amount of food nutrients in ten cents worth of each of the above mentioned articles, the professor finds that ten cents worth of eggs will produce 18 pounds of protein, 18 pounds of fat, and 1080 heat units; whilst ten cents worth of steak contains 18 pounds of protein, 11 pounds of fat, and produces 780 heat units. Such comparisons as these show the relative value of foods, as also, the importance to the poor man of knowing how to purchase for economy's sake, and to every man for health's sake.

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Dr. M. O. Terry of Utica, N. Y., the Surgeon General of the National Guard of New York, and a prominent homœopathist and surgeon, had an article in the *Medical Times*, recently, in which he claims for the oil treatment of appendicitis the best of results, far better than from the knife.

Curing forty-nine out of fifty-one cases without operative interference. He gives a tablespoonful of castor oil, followed by a glass of hot water every three to six hours; in addition four ounces of glycerine by enema, followed by hot water and soda bicarbonate one drachm to the quart—later he gives six or eight ounces of sweet oil by enema, with the hips elevated. He pours hot sweet oil over the abdomen and uses hot flaxseed poultices also.

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Here is an extract from the London *Lancet* that we find in *Charlotte Medical Journal*:

“Diphtheria Bacilli Without Diphtheria.—E. Miller has made cultures from the throats of all children who entered the children's division of the Charite in Berlin, with reference to the occurrence of diphtheria bacilli.”

“Among ninety-two children, twenty were found in whose throats diphtheria bacilli could be demonstrated, although no inflammation of the parts was present. In six of these children the bacilli was present on the day of their entrance, while the remaining fourteen became infected during their stay in the hospital. In one of the cases full virulent bacilli could be demonstrated during two months and a half, without any symptoms referable to their presence.

*Homœopathic Envoy.*

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## BOOKS.

DR. JONES' PICNIC, by S. E. CHAPMAN, M. D., San Francisco: The Whitaker and Ray. Co. Price \$1.00.

Since it be not possible for the mind of man to conceive of the impossible, it may perchance transpire, that we shall, in the course of time see the “Silver Cloud” of “Dr. Jones' Picnic” sailing serenely above us and on her journey of wonderful achievement.

What is “Dr. Jones' Picnic”, a romance? The story is of a party in search of the North Pole. They leave Washington for their destination in a wonderful airship of aluminum;

they find that which they seek, discovering that the North Pole is located on an island instead of in the open sea. They plant a flagstaff of aluminum, from which Old Glory flies, and return home after an absence of four months, three of which were spent in Russia, where the doctor practiced homœopathy.

The story enables the author—through the medium of Dr. Jones, to foist his prejudices, hobbies and eccentricities upon such of the public as read the book.

Dr. Jones is an enthusiast, a bigot, a narrow minded orthodox and a pessimist of the worse kind, he takes but one view of things spiritual—most narrow—and has neither patience nor desire to investigate the views of others. The doctor is an enthusiastic homœopathist, an ardent advocate of *similia, similibus curantur*; here we are ready to join hands with him, believing implicitly in the power of "high potencies", the "totality of symptoms" and the proper selection of the remedy. But, when it comes to psychology and things spiritual, the good doctor stands upon a platform somewhat narrow, for broad minded and scientific physicians.

**STIRPICULTURE, OR THE IMPROVEMENT OF OFFSPRING THROUGH WISER GENERATION,** by M. L. HOLBROOK, M. D., New York, M. L. Holbrook & Co., London, Eng. L. N. Fowler & Co.

Stirpiculture defined, means the cultivation of stock or race. The word is a combination of two latin roots—*cultus, roman and stirpus* stock; hence, we have it as cultivation of stock, although the author uses the word in the sense of breeding of offspring.

Stirpiculture is a well written book of 192 pages. After setting forth the different methods used in by gone times, for the improvement of the physical man, and such as were in accordance with the knowledge and development of the time in which they appeared, the doctor then goes on to tell that, the time has come for man to take special interest in his own evolution, to study and apply all the factors that will in any way promote race improvement. Stirpiculture

not only tells us what it is essential that we should do for the improvement of the race, but it tells us *how* these things should be done. A volume of this work in the hands of every thinking individual, would result in untold benefit to mankind; in saying this we have paid the highest possible compliment to the vigorous work of a talented man.

**REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA.** By J. T. KENT, M. D., Prof. Materia Medica and Homœopathics in the Philadelphia Post-Graduate School of Homœopathics. First Fascicle, Mind and Vertigo. Lancaster, Pa. Examiner Printing House: 1897. Price \$2.75, post paid.

This work of Prof. Kent's is a compilation of all useful symptoms, from the fundamental works of our *materia medica* both ancient and modern, as well as from the notes of many of our ablest practitioners. Many unverified symptoms have been omitted and clinical symptoms. The intention of the author is for the work to be a connecting link between existing repertories and will be gladly hailed by all students of the homœopathic *materia medica*, and all who make use of the repertories.

Prof. T. C. Duncan of Chicago, has nearly ready for the press a hand book on the Diseases of the Heart, a branch of medicine, that he has made a specialty, and should give the profession a practical work.

*The Clinical Reporter* of St. Louis, Mo., has been purchased by F. H. Felker of that city, and Dr. I. D. Foulon has again assumed editorial control. We congratulate Dr. Foulon on his return to medical journalism.

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## NEWS AND NOTES.

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We have been informed that Dr. A. E. White, of Black River Falls, Wis., has removed to Montana.

Dr. J. I. C. Meade has removed from Warrens to Valley Junction, Wis.

Dr. E. A. King has removed to Antigo, Wis.

Dr. A. P. Williamson visited recently in Philadelphia, Washington, New York, etc.

The Iowa Supreme Court recently decided that a physician is liable for damages resulting from dismissing a case too soon.

Dr. W. E. Everly formerly of Glyndon, Minn., has removed to Detroit, Minn.

Dr. Francis E. Böericke of Philadelphia, formerly head of the firm of Böericke & Tafel lost a son at Lake Keuka near Elmira, N. Y., on Christmas night. Death followed an accidental upsetting of his boat by a dog, while rowing with his brother.

Drs. Robinson and McCann of Monticello, Indiana, are surgeons for the Pennsylvania R. R. in their country.

Drs. Chas. D. Pullen of Mt. Pleasant, Michigan, and E. A. Bagley of Alma, Mich., have been appointed members of the Pension Examining Boards in their respective cities.

Dr. A. E. Carr has removed from Grand Island, to Lincoln, Nebraska.

The Illinois State Institution for the blind, at Jacksonville, has been under homœopathic care since October 1st, 1897, when Dr. M. P. Goodrick was appointed physician to the institution. Dr. Goodrick is also county physician.

Dr. Geo. L. Lefevre, Muskegon, Mich., has recently been elected county physician for the third consecutive term.

Dr. J. S. Beagle, Hahnemann, Chicago, '96, has located at Rose Creek, Minn.

Dr. W. W. Drought of Fergus Falls, Minn., expects to be home and at work again by March 1st, after his studies in New York.

Dr. Frank R. Hill of Tacoma, Washington, has recently returned from a two years sojourn among the hospitals of Europe.

Dr. A. C. Tenney, has removed from Spencer, to Mt. Vernon, Iowa.

Homœopathy has ten state hospitals for the insane.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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VOL. VII.

APRIL, 1898.

No. 4

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## ORIGINAL ARTICLES.

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### THE PHYSICAL STATUS OF PREGNANCY.

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MOSES T. RUNNELS, M. D.

KANSAS CITY, MO.

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A large proportion of the discomforts and difficulties preceding, attending and following parturition, can be avoided by a rigid adherence to some simple dietetic rules and homœopathic medical treatment during pregnancy. If the disorders of pregnancy are removed or reduced to a minimum day by day, the future welfare of the mother and her offspring will be greatly enhanced, and the attending physician will deserve greater praise for his skill. The medical attendant should watch carefully the excretions of the pregnant woman. Symptoms of toxemia appear sometimes, and increase so insidiously that unless watched closely, the patient soon passes into a dangerous condition. Headaches should not go unnoticed. In the advanced stages of pregnancy, headache is quite common and often complicated with constipation and poisoned blood from fecal retention. The anemic habit and the nervous temperament, or the plethoric condition may frequently be accompanied

by headache. Nausea and other gastric disturbances, with paleness of the face and general debility, are sooner or later followed by headache. Facial neuralgia from uterine irritation is sometimes serious. The dental nerves, particularly of the upper jaw, are painfully affected in a few cases. The depressing influences of long continued suffering from headache and neuralgia may induce abortion sometimes. The strain upon the sympathetic nervous system is never taken off till the uterus is emptied. When the red blood corpuscles are greatly reduced in quantity the cell elements suffer from inanition and the cells waste or fill with fatty molecules; increased nerve irritability and impaired functional activity of the secretary organs follow. The deranged condition of the nerve centres may result in failure of appetite, weakened digestion, neuralgic pains, sensations of fatigue, vertigo, loss of memory, and, in critical cases, chorea, hysteria and insanity. Dropsical effusions and œdema supervene when stagnant blood transudes through the walls of the vessels. It is not strange that the anaemia of pregnancy sometimes produces a fatal termination. Excess of albumin and of waters are the errors against which pregnant women should be protected as tending respectively to excessive development of the foetus and secretion of amniotic fluid. A trifling amount of albuminuria is found in about one half of the cases during the second half of pregnancy, and in a minority of these the albuminuria is not due to renal changes, but in the majority it represents a special morbid condition. Albuminuria is the rule during labor, especially in primiparæ and casts (usually hyaline), are to be found in nearly one-third of the cases. In the albuminuria of pregnancy, casts are much rarer. Except when there is fever the albuminuria of labor disappears rapidly during childbed, and at the end of two weeks albumen should not be present in the urine unless there is catarrh of the lower urinary tract. Renal disease existing before pregnancy is greatly aggravated by this condition and the combination of the two usually ends in the death of the ovum and abortion.

What is known as the "pregnancy kidney" never changes into the kidney of any chronic form of nephritis and as a rule this condition involves no symptoms besides change in the kidney. The cause of "pregnancy kidney" are the increase of intra-abdominal pressure, changes in the nutrition of the kidney brought about by the altered condition of the blood, and in some cases obstruction of the left ovarian vein which joins the left renal, and compression of the ureter by the fetal head. The resisting power of the kidney in the individual patient regulates the degree of the changes. When the albuminuria of pregnancy becomes acute in its onset and violent in its manifestations, we get the dreaded eclamptic seizures which threaten the life of the mother and jeopardize that of the unborn infant. We must be on the lookout (1) for the life of the mother, (2) the life of the fetus, (3) the danger of the acute phase giving place to the chronic form of Bright's disease after delivery.

Albuminuric retinitis and possibly sub-retinal hemorrhages are symptoms not uncommon in the graver cases of acute albuminuria of pregnancy. Loss of vision sometimes occurs in this way. Perhaps in the majority of cases the impairment of vision may pass off when delivery has been safely accomplished, but it does not always terminate so favorably, and the protection of sight becomes the greatest factor in the outcome of the case.

It is remarkable how quickly the symptoms of acute albuminuria often subside when the uterus has been emptied, indeed the promptness of this subsidence is one of the greatest features of renal disease associated with pregnancy. In all really serious cases of albuminuria in pregnancy when the homœopathist has fought a losing battle, he should not hesitate to empty the uterus forthwith. When the ophthalmoscopic examination reveals the familiar and easily recognized signs of albuminuric retinitis, the obstetrician will be well advised if he adopts the suggestion to empty the uterus.

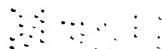
The existence or absence of albuminuria is an important element in the prognosis of the case when the patient is

afflicted with a valvular lesion of the heart. Albuminuria in the urine of a person who has long suffered from cardiac disease indicates advanced insufficiency and lack of compensation, and is an especially bad symptom in pregnancy. Vinay found 29 cardiopaths out of 1,700 pregnant women who came to the maternity l'Hotel-Dieu, of which he was the head. This is nearly two per cent. He thinks that it is a mistake to believe that all valvular cardiac lesions in pregnant women are affected in the same way and that he has seen too many cases of pregnancy in cardiac troubles that had absolutely no deleterious effect upon the patients to forbid marriage in those in whom the valvular lesion is compensated. Dyspnoea, hemoptysis and well marked symptoms of cardiac asthenia alone should be regarded as a bar to marriage and pregnancy.

The occasional presence of jaundice, leucin and tyrosin in the urine and the morbid changes found in the liver are points in favor of this organ being sometimes concerned in producing eclampsia. According to Bouchard, uræmia is due to poisons formed in the body, or introduced from without, which the kidneys should, but do not, eliminate. The absence of albuminuria is no proof that the eclampsia is not uræmic in origin. Acute yellow atrophy of the liver was present in the only case of eclampsia without albuminuria observed by Vinay.

Dr. Eichholz, of Krauznach, has had great success in preventing an excess of albumin and of waters in pregnant women. His rules are: "Meat only once a day and that in small quantity, and rarely, if ever, salted; green vegetables, salad, potatoes, bread and butter, but avoiding as far as possible eggs, peas and beans, as being too rich in albumin. Thirst to be quenched by milk or water in moderate quantities, and cocoa in preference to tea and coffee. Wine, beer and spirits to be forbidden, also drink of any kind unless in case of urgent thirst; but fruit, raw or cooked, to be indulged in ad libitum."

The general result of such a diet he found to be a remarkable feeling of well being; the sense of fulness, bearing down



and weariness, thirst and constipation soon disappeared and the patients were able to walk many miles up to the eve of confinement. The ease and rapidity of the deliveries, the small amount of liquor amnii, often not more than a teacupful, and sometimes almost inappreciable, were striking and all, without exception, succeeded in nursing their infants. The children were healthy, but small,—mostly weighing six pounds, and the circumference of the head was under 36 C M.—averaging 33 to 34 C M. The restriction of albuminous foods had no injurious effect on the quantity or quality of the milk.

Prophylactic treatment of difficult, painful and tedious labor has been, under the guidance of homœopathic obstetricians, especially efficacious and the period of utero-gestation has been freer from discomforts. The annoying ailments of pregnancy, such as indigestion, heartburn, constipation, sleeplessness, disorders of locomotion and all the manifestations of a highly unstable nervous system are relieved by homœopathic medication and a wise hygienic treatment. The absorption of poisonous material from the intestine occurring in cases of obstinate constipation in pregnancy bears such a close relation to pelvic inflammation and the genesis of disease that a more careful study of this pathological condition is required at our hands. Constipation and pelvic disease in women bear to each other a somewhat reciprocal relation. The uterus and the rectum are in close relation with each other, and anything which disturbs the position, or surroundings of one will disturb the other also. The intestinal canal was not intended as a reservoir for the storage of excrementitious matter, but it is safe to say that more than fifty per cent of all women make such use of it. In animals of a lower order, the first inclination to evacuate the bowels is immediately gratified and fecal retention is rarely found. Ignorance, indolence and inconvenience are large factors in the production of constipation in human beings. Habits, occupations, climate and diet render it almost omnipresent. Phenomena of every degree of intensity and variety may be attributed to it.

Any cause which impairs the activity of defecation will thereby favor the production of constipation. The mechanism which controls the movements of the bowels is very delicately adjusted and it is no wonder that they get out of order so often. In a healthy woman the rectum is usually found empty. In the majority of pregnant women it is nearly always filled with fecal matter. Dietetic and hygienic influences go far in the preparation of the pregnant woman for her accouchement, and whenever possible every case should be treated in advance by some skillful homœopathic obstetrician. All cases are made easier and safer by previous treatment. I believe that not only the physical status of pregnancy can be improved by homœopathic medication, but the unborn child can receive protection from phthisis pulmonalis, rachitis, scrofula and other ills by the timely administration of remedies to improve the physical status of pregnancy. It is all important that the medical attendant shall exercise the greatest care to prescribe according to the totality of the symptoms, and when he is unable to decide what the homœopathic remedy is, he would better give pulsatilla. This remedy is surely the sine qua non in the majority of all cases before they reach the second stage of labor. For twenty-three years I have used it in pregnancy and labor, and have studied the meadow anemone thoroughly, patiently and perseveringly. It has disappointed me less in the treatment of pregnant women than all other remedies together. Changeableness is the great characteristic of pregnancy, as well as of the wind flower, and in almost every case you will find many symptoms of this remedy. Next to pulsatilla, actea racemosa or cimicifuga stands as a great remedy to promote a healthy state in pregnancy, and finally a normal labor. For distressing pains not intermittent, a high degree of nervousness and neuralgia from uterine irritation, actea racemosa takes first place. For false labor pains caulophyllum is of equal value with pulsatilla. It will control intermittent, neuralgic and reflex pains from uterine disorder. The pains are spasmotic and fly about from place to place. I have

had splendid results from the use of viburnum opulus in the beginning of miscarriage and threatened abortion with intense cramp in the uterus and bearing down; or pain around from the back, ending in excruciating cramps in the lower abdomen. When cramps appear in the abdomen and legs of pregnant women, there is no better remedy. Cuprum arsenicum is a remedy of great value in cases of uræmic convulsions. It should be used in the third potency. It is also a good remedy in the vomiting of pregnancy when there is spasmodic uterine pains with general debility. I have found gelsemium to be wonderfully efficacious in the treatment of puerperal spasms preceded by great lassitude, dull feeling in the forehead and vertex, fullness in region of medulla; head feels big; eyes heavy, with half stupid look; face deep red; speech thick; pulse slow and full; from protracted labor, rigid os uteri and albuminuria. Convulsions from reflex irritation. Hysterical convulsions.

In the treatment of cases of pregnancy I have followed closely the therapeutic indications given in Gurnsey's obstetrics, and have been helped more by the remedial suggestions of that work than by all other books in my library. If Dr. H. N. Guernsey was somewhat antiquated in the etiology of the diseases of pregnancy, his knowledge of the therapeutics of pregnancy and labor, excelled by far anything that I have ever seen. In his last illness he said: "I wish nothing but the similimum to my case. If I must die I wish it recorded that I died true to my principles."

Every case of pregnancy should be under the watchful care of a skillful physician from start to finish. The bowels should be kept in a healthy condition, and the urine should be frequently examined for albumin. All the disorders incidental to each case of pregnancy, should be held in abeyance by a wise medical supervision, and when nature gives the signal for the termination of the period of gestation, the attending accoucheur should be the master of the situation. If the pregnant woman, who has reached the end of her period, has been storing up in her blood for months, excrementitious matter which should have been eliminated

day by day, the careless obstetrician may wake up to the fact that he has a case of blood poisoning to treat, and very likely a serious fight on hand. In his desperation he may send for his brother practitioner to help him out of a tight place, but at the same time if his medical hindsight is good enough, he will see that his negligence or his ignorance has permitted the case to take its own course, and that he is largely responsible for the perilous condition in which he finds his patient. Every first class obstetrician knows that the facts are not misrepresented and that the greatest hindrance to progress in the obstetric art is the ordinary doctor and midwife. Nine-tenths of the common people believe that the most there is for the medical attendant, or midwife, to do in a case of pregnancy and confinement is to cut the cord and assist in the removal of the after birth. The so-called medical profession in the United States is largely responsible for this low estimate of the duties of the accoucheur. When a doctor agrees to attend cases of pregnancy and confinement for \$5.00, or \$10.00 or \$15.00 each, he notifies the world that his services are not worth much and that such cases are not dangerous. You cannot expect a stream of water to rise higher than its source, and it will be a long time I fear before the statutes of the different states will demand a higher standard of proficiency in the management of pregnant women.

The tendency in the management of pregnant mares, cows, ewes, nanny goats and sows, is all the time on the up grade, and the general and the state governments are spending vast amounts of money to protect them from diseases of all kinds; but national, and state, and city boards of health, get very little money to spend for the improvement of human beings. In the crowded cities and in the great undeveloped country, pregnant women for the most part, are expected to take care of themselves, and frequently support their families too, at the same time. The small amount of medical attention that they get, is not worth mentioning. There is nothing that arouses my sympathy and admiration so much as pregnancy and motherhood. The most

divine being on the earth is the prospective mother, and society should confer upon her the greatest honor. The English speaking people boast of their civilization and their advancement in the arts and the science, but so far they have utterly failed to surround marriage with the proper safe guards, and make the breeding of healthy children the highest calling in life. Abortions, miscarriages and divorces seem to be on the increase, and fashionable society is about to brand pregnancy as vulgar and retire all pregnant women to the most secluded life. Instead of making the nine months of gestation as pleasant and free from care as possible, the rules of society and the obligations of the family make the pathway of the expectant mother doubly difficult for her. The physical status of pregnancy will be greatly improved when all pregnant women are made to feel that they occupy the most enviable position in the world, and that the greatest service a woman can render to humanity, is to give birth to a healthy child.

As progressive men and women, we will do well to give greater attention to the breeding of children and to the elevation of pregnancy and motherhood to the highest place in society.

Instead of so many gynecologists, surgeons and ophthalmologists, let us have more skillful obstetricians, educated sanitarians and able physicians. Prevention is better than cure, and therefore, we should go "behind the returns", and look after the welfare of the unborn by the most respectful and careful medical treatment of every pregnant woman.

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#### GLEANINGS FROM THE FIELD OF EXPERIENCE.

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L. A. WOLCOTT, M. D.  
BERLIN, WIS.

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February 6th, 1889, G. E. C., an exceptionally strong, healthy, young man, complained of weakness, loss of appetite, constipation, and biliousness. Another symptom,

and the one which worried him most, was a peculiar condition of the urine, which became thick, almost immediately after being passed. In appearance it closely resembled meat jelly, and could be dropped out of the vessel in a solid lump. The pulse was weak and rapid, skin dry, with continual thirst. My first prescription was arsenicum 3x and lachesis 6x, alternated every two hours. Two days later, patient reported the disappearance of all symptoms excepting the jelly-like urine, which remained unchanged. In the meantime I had found this symptom under chamomilla, in Hering's Condensed Materia Medica, and prescribed a dose of the 3x every two hours, discontinuing all other treatment. Within twelve hours the urine became normal, and remained so. I have since learned that colocynth and dulcamara have this symptom, but have had no occasion to test them.

In 1888, I had an opportunity of comparing the symptoms of rubeola with those of German measles, the two diseases being prevalent in the neighborhood at the same time, and often occurring in the same patient with an interval between them of from two to six weeks. Persons who had at some former period, had rubeola, did not experience a second attack of that disease, but *did* have German measles. Most of the cases of rubeola were rather severe, and presented the following symptoms:

The temperature range was from 103° to 104 4-5°. Cough very troublesome; expectoration profuse, sputum thick and yellow; eyes in some cases extremely sensitive to light. Many patients complained of earache about the time the rash began to fade. One case discharged bloody pus from the ear. The face was usually very much swollen, and the throat sore. There was no vomiting in the prodromal stage, but much nausea and vomiting during the height of the attack, and later a copious diarrhoea. The rash came out thickly, was dark red to purple in color, and in most cases covered the entire surface; even the palms of the hands and soles of the feet. The rash began to fade on

the fourth day, but in many instances did not entirely disappear until the tenth or twelfth day. In most cases all the usual symptoms of the disease were present in greater or less intensity. The cases of German measles yielded the following symptoms:

During the prodromal stage, some patients vomited. In one case, after two or three days malaise, there was a convolution, followed by an hours sleep and moderate fever. This occurred at night, and next morning the rash appeared. The usual range of temperature was  $100^{\circ}$  to  $101^{\circ}$ . The rash was fine, varying in color from pink to scarlet. It came out freely on the face, neck, and body, but never extended to the limbs. The face was swollen, but only remained so about twenty-four hours. The rash began to fade on the second, or at latest on the third day, and had entirely disappeared by the fourth to the sixth day. There was no diarrhoea at any time. Most patients were only in bed one or two days, and some not at all. Let us now make a comparison of symptoms:

In German measles there was vomiting in the prodromal stage, but none after the rash appeared. In rubeola, the vomiting occurred during the height of the attack. In German measles the prodromal stage showed redness of the fauces as though caused by a cold. In rubeola, the throat and roof of the mouth were spotted with the eruption six to twelve hours before the rash appeared on the skin. In German measles the rash was pale in color, ranging from pink to scarlet. In rubeola the color ranged from dark red to purple. In German measles the papules were of the size of pinheads and smaller. In rubeola they were two to four times as large. In German measles the rash seldom extended below the umbilicus—never onto the limbs. In rubeola it always extended to the knees, and usually to the feet and hands. In German measles the rash began to fade on the second or third day; in rubeola, not before the fourth day. In German measles the rash had entirely disappeared by the fourth to the sixth day; in rubeola not until the ninth

to the twelfth. In German measles there was no diarrhoea or earache at any stage. In rubeola there was diarrhoea in every case, and some patients had earache, and in one case a discharge of sanguous pus. In German measles the temperature never went above 102°. In rubeola the range was from 103° to 104 4-5°. In German measles no individual case developed *all* the symptoms of the disease. In rubeola *most* patients exhibited all the symptoms in greater or less degree. Some symptoms were common to both—such as coryza, photophobia, lachrymation, and sore throat. Treatment is the same in both diseases. Belladonna seems most homœopathic to the general symptoms, and particularly to the fever, sore throat, and photophobia. For the cough, I have had the best results from rumex, kali bich., and phosphorus, their degree of usefulness being in the order named. I have cured several chronic coughs, following measles by the administration of rumex in 3x to 6x. For photophobia I darken the room and apply ice water compresses over the eyes. For sore throat, with much swelling of throat and tongue, accompanied as such cases usually are by very high fever, I have obtained great benefit from placing bits of ice on the tongue and allowing them to dissolve. The diarrhoea is merely a symptom, and will seldom need attention. Should it become too profuse, or continue too long, it should be treated according to homœopathic indications, which most frequently call for mercurius vivus, pulsatilla, or sulphur. If the patient is kept warm, and fed on light digestible diet, with plenty of cold water to drink, the physician will have a comparatively easy case to treat.

In measles and scarlet fever, when the temperature runs very high, a drop or two of glycerine in each ear, daily, tends to prevent aural complications and sequelae.

The *Medical Century* has recently published a very valuable series of articles on pneumonia which most of you have probably read. One important point, however, the writers failed to bring out, viz: that veratrum viride, though a sheet anchor in pneumonia, is a very dangerous drug when carelessly used. A large percentage of deaths in

pneumonia are the result of enfeebled heart action; and when administering veratrum, we should never lose sight of the fact that it is a powerful cardiac depressant if given in appreciable doses, as it must be, in order to control arterial tension. It is usually prescribed in the mother tincture, or 1x dilution, and is often useful after the aconite stage is passed. As soon as the circulation has been brought under proper control, veratrum has performed its office. This point will be reached when the full, bounding pulse becomes soft and flowing. If the temperature continues high, let it be reduced by other remedies, or by frequent bathing in tepid water containing a little alcohol, the bath being given under cover. I call attention to this point for the reason that little notice is taken of it by medical writers—and because I am satisfied that one of my little patients was made to assume immortality through my persevering too long in the use of veratrum in mother tincture.

One writer in the *Century* says the temperature of the room should not be lower than 70° during the night, or higher than 86° during the day. In my opinion the nearer the temperature is kept to 70° the better. Any one can breathe more freely in a cool atmosphere, than in a heated atmosphere. People usually fear their pneumonic patients may take cold, unless the room is kept hot; but this danger should be avoided by the plentiful use of a light but warm covering, not by heating the room above a moderate temperature. An overheated atmosphere is very depressing, and our pneumonia patients have no nerve force to spare. For the soreness in the chest, nothing has given me greater satisfaction than flannel compresses wrung out of arnica and hot water, in the proportion of one part tincture of arnica to five or six parts of water. They should be applied as hot as can be borne, and covered thickly with dry cloths. On discontinuing the use of hot compresses or poultices, the chest should be covered with a warm dry flannel to prevent taking cold. Soreness of the chest, sometimes remains long after convalescence. Such cases are often benefitted by wearing a Bryonia plaster.

## GOOD ROADS.

HON. A. B. OVIIR,  
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Intelligence is disseminated so rapidly and so universally in the present age, that we seldom have an opportunity to enjoy that bliss which is said to come of ignorance; and the only escape for a conscientious man appears to be to keep on trying to set things right, he knows that his individual efforts will right but few, if any, wrongs; but there is, to most of us, a satisfaction, if the account which every man keeps with himself shows good endeavors to his credit, whether the result of the endeavors be entirely satisfactory or not.

The question of good roads is a mixed problem. It is usually considered from an extremely practical point of view, but it is capable of treatment, and worthy of consideration, from a social and even a philanthropic standpoint. Those of us who have seen the good roads in older communities, and have watched the pleasures and the profits which are derived from the use of such roads, suffer from a nervous desire to stir up the people of Minnesota and to induce them to take action towards the inauguration of some intelligent plan to acquire for our own citizens some of the benefits that are derived from the maintenance of good roads.

The advantages of good roads from a practical and economical point of view, have been so frequently set before the people, that nearly everyone is convinced that it would pay if we could gradually construct a hard road-bed on all the main travelled roads throughout the state. It has been demonstrated that the same team can pull six times as much weight over a hard road, as over one that is very sandy or very muddy.

Mr. Choate read you some of the statistics in his address before this association last year. He estimated that the farmers of Minnesota move annually from their farms to the railroad stations between seven and eight million tons

of produce, and that the average cost per ton was \$3.02.

He estimated the saving, if first class wagon roads could be built for at least one-half, which would result in a saving in the aggregate of eleven million dollars per annum.

I will not at this time review the arguments from this point of view; all of you here, and most of the farmers are familiar with those facts, and the farmers generally are aware that at the time when they would like to haul produce to market (because the rains prevent work in the fields) they cannot do so to any advantage because of the condition of the roads.

I do not attribute the apathy of some of the farmers on this question to their stupidity, as many speakers are prone to do, but I think it arises more from want of knowledge, and a difference of opinion as to how and where to begin.

What is the best method to raise a fund for good roads? And after the fund is provided, what is the best method of expending it to construct an improvement that is permanent and satisfactory?

We continue to have with us, certain wiseacres—men who know everything and do everything, although they are not familiar with the subject either by study or practice. One of these wise men gave an opinion the other evening which illustrates what we have to contend with in all departments of knowledge, and I think doctors especially will appreciate the situation. This man sold shirts by trade, but his knowledge on all other subjects was also, in his own opinion, unsurpassed. There was in the community, a young girl born of English parents and, while the parents were both of light complexion, the child was swarthy with hair exceedingly straight and black like that of an Indian. A group of gentlemen were discussing the subject and interrogating each other as to the cause, when the man of shirts cleared up the subject by the following explanation:

The mother, he said, lived near St. Peter during the perilous times of 1862, and being chased by Indians during the time of her pregnancy, she received such a scare that it made an impression on the unborn child. One of the

gentlemen present was a physician, and as he had so far expressed no opinion, he was asked if such a theory could possibly be true. Well, he said, it may be true that the Indians chased the woman, but from my knowledge of such matters it is my opinion that one of the Indians overtook her.

But the great majority are willing to admit that road-making, like bread making, or shoe making, or any other special pursuit, can be better done by those who have made a study of the subject, and who have ascertained by experiments what materials that are available can best be compounded to obtain the desired results. The various good roads conventions recognizing this principle, have formulated resolutions and recommended to the legislature the creation of a good roads commission. Our appeals to the last legislature were not particularly successful, owing to the false test which nearly all legislators apply when they are required to vote on any public question.

I believe that if the man who is politically ambitious would first discover what is right and for the best welfare of the state, and then do it regardless of consequences, it would eventually do more to secure his lasting fame, than all his machinations and struggles for public favor and re-election; but most of them look beyond and over such a simple prescription, and endeavor to read the minds of the men who will likely compose the next political convention.

With too many legislators, the question is not, is your proposition right or wrong, but the question is, what will the voters of my district say when they read the newspaper account of the part I took in these proceedings. A striking illustration of this occurred when a bill was introduced allowing side paths to be constructed along certain highways for bicycles. Horses that are not accustomed to bicycles are apt to take affright when they meet them, and it has been found advantageous both for wheelman and for teamsters to construct a separate path along the edge of the highway, and as near as possible to the fence, for the use of bicyclists and pedestrians. In the summer of 1896, such a path was constructed under the direction of the county

surveyor of Ramsey County from the City of St. Paul to White Bear Lake, a distance of twelve miles. The farmers along the route, as well as the bicyclists, are pleased and benefited by the result.

It was virtually the construction of a gravel sidewalk from farm to farm. It is always dry. Children can walk or pedal over it in any weather without danger from teams, and removed in a degree from the dust of the road. Physicians, music teachers, and others having business with the farmers, can ride there on a bicycle, and the farmer's children save time and expense for their elders by doing errands on bicycles.

A bill was introduced in the last legislature to permit similar paths to be built in other counties at the expense of the wheelmen whenever the county commissioners might deem it advisable. It was not difficult in conversation with individual legislators or in argument before committees to convince a reasonable mind, that if the wheelmen would build a gravel sidewalk along our gravel roads at the wheelmen's expense, it would be advantageous even to the farmers to have it done; but with very few exceptions when it came to a vote, the members from the country districts rose, each in his turn, and delivered a tirade against bicycles and voted against the measure. One legislator declared that the farmers in his district always plowed up the highway to the edge of the travelled roadway, and he considered it an outrage to attempt to deprive them of this right.

The Minnesota legislature is no worse than other legislatures, and no worse than our national legislature for that matter, and the friends of good roads will never accomplish much until the farmers themselves are convinced that good roads are beneficial to them as well as to bicyclists, and the travelling public in general.

The people of Minnesota have an opportunity at the next election to set the wheels in motion and start the machinery which will eventually build up in this state a system of good roads. Our state constitution, as it now reads, prohibits any appropriations for internal improvements.

Chapter 333 of the session laws of 1897 provides for submitting to the people at the next general election an amendment that will empower the legislature to create a good roads fund and authorize the governor to appoint commissioners to expend it. The following extracts give the gist of the proposed amendment:

"For the purpose of lending aid in the construction and improvement of the public highway and bridges, there is hereby created a fund to be known as the "State Road and Bridge Fund." Said fund shall include all moneys accruing from the income derived from investments in the internal improvement land fund, or that may hereafter accrue to said fund, and shall also include all funds, accruing to any state road and bridge fund, however provided.

The legislature is authorized to add to such fund for the purpose of constructing or improving roads and bridges of this state, by providing, in its discretion, for an annual tax levy upon the property of this state of not to exceed in any year one-twentieth (1-20) of one (1) mill on all the taxable property within this state.

The legislature is also authorized to provide for the appointment by the governor of the state, of a board to be known as the "State Highway Commission," consisting of three, (3) members, who shall perform such duties as shall be prescribed by law without salary or compensation other than personal expenses.

Such commission shall have general superintendence of the construction of state roads and bridges, and shall use such fund in the construction thereof and distribute the same in the several counties in the state upon an equitable basis. Provided, further, that no counties shall receive in any year, more than three (3) per cent. or less than one-half ( $\frac{1}{2}$ ) of one (1) per cent. of the total fund thus provided and expended during such year; and provided, further, that no more than one-third (1-3) of such fund accruing in any year shall be expended for bridges, and in no case shall more than one-third (1-3) of the cost of constructing or improving any road or bridge be paid by the state from such fund.

Section 2. The above proposed amendment shall be submitted to the people for their approval or rejection at the general election to be held in the year 1898, etc."

The amendment is not what was asked for by the good roads convention, but it will effect a beginning, and if it is carried at the next state election and we can get a working illustration here and there of a hard road which is always hard whether it rains or shines, it will talk louder for us, and accomplish more for the cause than any number of speeches or essays. This constitutional amendment should be passed and then it should be followed by a legislative act providing for State Commissioners and authorizing them to assist such counties as will furnish a portion of the necessary money, and build the road under the direction of an expert furnished by the commissioners.

Suppose the County of Olmstead should vote to spend twenty thousand dollars to build a good road from Rochester to Zumbrota. The state commissioners say to the County of Olmstead, if you will build a permanent road under our direction, we will add \$10,000 to your fund and furnish the services of an expert free of charge.

The expert will not only know how to build a good road, but it will be his business to know where the best and the cheapest materials can be had, and what is the best method of transportation. Instead of wasting money in expensive experiments, the county will have the benefit of experiments already made in other places.

When a piece of good road is once made, the farms in that vicinity will feel the effect. Unless Minnesota is different from every other state where it has been tried, those farms adjacent to the road will sell for from ten to twenty per cent more than others not so situated, although in other respects the conditions are equal.

The League of American Wheelmen has probably done more for the cause of good roads than all other elements combined. Starting as a small band of cyclists at Providence, R. I., in 1880, it has gradually extended its membership until now it numbers over ninety thousand wheelmen.

The League distributes eighty thousand magazines every week, devoted mainly to good roads. Whenever they can do so, the wheelmen combine with other classes in the com-

munity who are working for good roads. When such combination is not possible, they push on alone, realizing that public sentiment is sure eventually to sustain them. They ask for no special privileges and no unusual immunities. They ask only the privilege of enjoying those rational pleasures and recreations which God and Nature designed for their enjoyment, and that they may be allowed to avail themselves to some extent of the invigorating influences and the beauties of our Minnesota sunshine and our Minnesota landscapes.

I have no patience with those pseudo-statesmen who insinuate, even when they do not boldly advocate, that anything is good enough for the farmer. Workmen in other avocations are supposed to need, and are supplied with, holidays, public parks, libraries, entertainments, and a variety of social advantages, on the ground that it is their due and that it makes of them better citizens.

Legislators representing farming districts orate continually of cheapness and economy. Thrift is one of the most desirable of the virtues, but thrift and cheapness are not synonymous terms, and the farmers of Minnesota know as well as you and I do, that the cheapest things are not always the most economical.

The question of food and shelter are, I am happy to say, already answered with most of them. The farmers of Minnesota have (I think) passed the early stages of civilization and their representatives in the legislature would do their constituents more credit if they would acknowledge this, and claim for them some of the advantages which appertain to life in the nineteenth century. The condition of the roads in the different parts of this country can be accepted as the criterion of the condition of civilization in that community.

Easy and pleasant communication between the people residing in country districts frequently converts a morose and gloomy life into a pleasurable existence. The country is in the nature of things a pleasanter place to live than is the city, but man is a social creature, and in the majority of cases chooses the city as his place of residence because he enjoys there the society of his fellows. The question then, "does it pay," has a broader significance here than when used in connection with commercial affairs. The glory and happiness of a state are not after all so much affected by the quality of its soil and climate as by the quality of its men and women.

# MINNEAPOLIS HOMEOPATHIC MAGAZINE.

HENRY C. ALDRICH, M. D., EDITOR.

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All manuscripts, exchanges or books for review, should be addressed to HENRY C. ALDRICH, M. D., 313 Medical Block, Minneapolis.

All subscriptions and communications in reference to advertising, etc., should be addressed to MAGAZINE PUBLISHING CO., Medical Block, Minneapolis, Minn.

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## EDITORIAL

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### CIVILIZATION AND SYPHILIZATION.

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The general opinion to-day is that, paresis, if not an absolute result of syphilitic infection, is at least a sequence of the disease. The cases where this cannot be almost proved, are the exceptional instances.

The experiments of Dr. Krafft-Ebing, ought to confirm the strong, and strengthen the opinions of the weak; that eminent alienist, at the recent International Congress, held at Moscow, coolly reported pathologic experiments, that not only created a sensation, but laid him liable to criticism, from the quarters in which criticism is apt to come when one seeks knowledge at the expense of humanity.

Dr. Krafft-Ebing inoculated paretics with chancre virus and demonstrated their non-inoculability by syphilis, in demonstrating this, he proved their prior syphilization. It was a daring, interesting and gratifying experiment.

Dr. Krafft-Ebing says: "My deductions from these experiments, taken with other data upon this subject, are, that its two great etiologic factors are *syphilization* and *civilization*:" which means the system being already prepared by the results of early infection, the strain of our modern civilization is more than this predisposed system can endure; hence, paresis.

Morselli has an interesting article in the *Gazzetta degli Ospedali* on the etiology and extension of paresis. The statistics quoted by him show that there is a marked increase in this disease in Italy. In the opinion of Morselli, paresis is the disease par excellence of the nineteenth century.

The known cases in Italy have doubled in a little over a decade, and in Bavaria it increased from 9.3 per cent. of all insanity in '69 and to 23.2 per cent. in '74.

Unlike the French school, he believes that it is a disease to which there is a general predisposition, owing to general degenerative peculiarities which, owing to our modern civilization, is becoming vastly commoner.

Krafft-Ebing differs from Morselli by reversing the order of events, making what he tersely terms "*syphilization and civilization*." Morselli believing that the greater diffusion of the disease, with that of alcoholism is the direct result of the former. Our nineteenth century man is surely far less able to bear the heavier strain laid upon his nervous system, than were his predecessors, and every year adds not only to the nervous strain, but to the enervating luxury of living which, with its attendant evils has made syphilis more common.

Since no effective remedy has been discovered for the great predisposing and exciting cause of paresis there remains only for us to await another of the social revolutions—a revolution that will result in the normal condition of humanity. This is a question of such vital importance that it is the duty of every member of the profession to show upon every possible occasion the need of its absolute suppression.

**WILL WONDERS NEVER CEASE?**

Luddeckens-Liegnitz of Germany, reports wonderful cures from the use of teaspoonful doses of a 1 to 10,000 (4x) solution of cyanide of mercury in water, in both scarlet fever and diphtheria. 31 cases of the former and 80 cases of the latter, with but one death from each. Only one case of nephritis, and that in the single case in which antitoxin was used.

**MEDICAL SOCIETIES.****ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.**

The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 12th, 1898.

Class Re-unions will be held at 10 a. m. in Horticultural Hall, Broad Street, above Spruce. The Business Meeting will convene at 4:30 p. m. and the Banquet will be held at 7 p. m. at Horticultural Hall.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends, to attend the Fiftieth Annual Commencement, to be held on the same day, at 2 o'clock, at the Academy of Music, S. W. Corner Broad and Locust Streets, Philadelphia.

Banquet Cards can be secured by notifying the Secretary. Requests received after Wednesday, May 11th, 1898, cannot be considered.

W. D. CARTER, M. D., Secretary,  
1533 South 15th St., Philadelphia.

**OFFICERS.**

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#### WISCONSIN STATE SOCIETY.

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The time is fast approaching for the meeting of the Wisconsin State Homœopathic Society, which will take place at the Plankinton House club room on May 25th and 26th.

In order to make it the successful meeting we anticipate, we must have the co-operation of every homœopathic physician in the state. That means *you*, doctor. If you cannot give us a paper, you can, at least, help us by your presence, and receive the benefit which is always derived from assembling ourselves together for the interchange of thought and experience. The following are the chairmen of our several bureaus:

Pædiatrics: Elsie Schmitz, M.<sup>o</sup>D., Milton.

Surgery: Filip A. Forsbeck, M. D., Milwaukee.

Clinical Medicine: W. B. Webb, M. D., Beaver Dam.

Oph., O., and Lar.: E. W. Beebe, M. D., Milwaukee.

Gynæcology: B. C. Austin, M. D., Elkhorn.

Obstetrics: R. M. Nichols, M. D., Sheboygan Falls.

**Materia Medica:** M. L. Ewing, M. D., Evansville.

Fraternally yours,

EVELYN HOEHN,  
Cor. Sec.

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MINNESOTA STATE INSTITUTE.

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The time is now approaching when the minds of medical men turn lightly to thoughts of the state society, and while our thoughts are in this line, the secretary of the society noticed in the title of this article desires to inform the two-hundred and more homœopathists of Minnesota, that he is neither dead nor sleeping. That a careful canvass has been made and that the indications are that the meeting of the Institute on May 17th, 18th, and 19th next, will not only be well attended, but that the quality of papers to be presented will be an improvement on the high standard established in the past. President Lowe, has just returned from a winter's study in the schools and hospitals of the eastern medical centers and takes up enthusiastically the work of making this meeting a splendid success.

Dr. W. W. Drought of Fergus Falls, who has been similarly occupied, will give us a resume of his observations. Dr. W. T. Stone, of St. Cloud, who has been busy under the eye of the surgeons of Chicago, will be with us, and give one of his characteristic papers full of wit and wisdom. Many other bright men of the state and elsewhere have signified their intention of being present and taking part in our deliberations. Dr. A. P. Williamson, that prince of good fellows, is chairman of the Local Committee of Arrangements, and is preparing a surprise in the way of entertainment for the visiting brethren.

In union there is strength, is a truism brought down to us from times of antiquity, and no class of persons have demonstrated that fact better than have the members of our school of practice; it has been demonstrated again and again in our own state and in this Institute; and once more we should all rally around the standard bearer and make this,

the thirty-second annual meeting, the best in the history of our beloved Institute.

HENRY C. ALDRICH,  
Secretary.

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## NEWS AND NOTES.

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Dr. A. Perry Bowman, of Sioux City, Iowa, is coroner of that county, as well as a member of the local Pension Examining Board.

Dr. Geo. S. Von Wedelstaedt, University of Minnesota, 1897, has located at San Mateo, California.

Dr. Chas. T. Granger, of Rochester, Minnesota, and Miss Catherine Cornelie were married at the home of the bride in Minneapolis, on March 9th. The Magazine wishes the happy couple all sorts of good things.

Dr. S. H. Spurr of Morris, Minn., has been appointed local examiner for the Germania Life Insurance Co., of New York, after a sharp fight with the enemy.

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Dr. Geo. B. Peck, of Providence, R. I., is desirous of learning your chief remedies in whooping cough and mumps, the accessory treatment, etc., etc., and in the case of the latter what you have observed about cases of metastasis.

The Dr. is patriotic and is preparing for war with Spain. A thing eminently proper in such a war horse, he being, Major of the Marine Corps of Artillery which was the first battery of light artillery organized in the U. S., outside of the regular army.

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Fulton, Mo., a city of 6,000 inhabitants has no homœopathist and needs one.

Dr. W. P. Case, after being refused a license by the Indiana Board of Medical Examiners has sued his alma mater, Harvey Medical College, Chicago, for damages because of their giving him a valueless diploma.

**Dr. Geo. A. Bachman of Rochester, N. Y., has been appointed physician to the Truant School, one of the city institutions.**

**Coroner Geo. E. Dennis of Minneapolis, should emulate Coroner Arbuckle of Cleveland, Ohio, who has three homœopathic assistants, Drs. J. G. Layton, W. A. Timms and G. W. Hopkins.**

**In Cleveland, Ohio, Dr. H. H. Baxter is a member of the State Medical Examining Board, and Dr. W. A. Miller a member of the State Board of Health.**

**De Schweinitz has made some extended experiments in sterilizing eye instruments and solutions for use in the eyes, and finds that trikresol in a solution of 1 to 1,000 or formaldehyde in a solution of 1 to 5,000 destroys bacteria in from ten to thirty-five minutes.**

**Theophilus Parvin, professor of obstetrics in Jefferson Medical College, Philadelphia, died Jany. 29th, last.**

**Dr. W. T. Stone of St. Cloud has been attending the Chicago surgical clinics the past year.**

**Dr. B. S. Arnulphy of Chicago, goes abroad in May for an extended course of study, and after his return will confine himself to consultations only.**

**Drs. D. W. C. Fowler of Aberdeen, and J. Howard Smith, of Groton, South Dakota, are both members of their local Pension Examining Boards.**

**Dr. W.B. Hinsdale, Prof. of Materia Medica, University of Michigan, has been appointed physician in chief to the Washtenaw County Infirmary at Ann Arbor.**

**Cleveland, Ohio, has considerably over 200 homœopathists.**

**It is expected that homœopathy will secure control of the new Insane Hospital at Massillon, Ohio.**

**Dr. H. J. Hughes of Mt. Carroll, Ill., has been appointed physician to the county poor farm.**

**Dr. Chas. L. Bennett of Tepezala, Aguas Calientes, Mexico, was married to Miss Elsie Doerr of Fort Madison, Wis., on December 20th, last.**

Dr. W. F. Holmes has been elected city physician of Somerville, Mass.

The Western Hospital for the Insane at Rock Island, Ill., will be opened for patients this spring.

Dr. E. Weldon Young of Seattle, Washington, recently visited Skaguay, Alaska.

Dr. W. T. Hobart of Oakes, North Dakota, has been appointed a member of the Medical Examining Board of that state. He is also a member of the Pension Examining Board at Oakes.

Dr. C. G. Higbee of St. Paul, is so far improved as to have departed for Madison and Milwaukee, Wisconsin, some time since, hoping that the change of scene will materially benefit him.

Dr. Walter V. Hanscom of Rockland, Maine, a graduate of Hahnemann of Philadelphia, has located at Austin, Minn.

Dr. Robilliard of Faribault, who was recently suffering from a severe attack of erysipelas, has fully recovered.

Dr. Joseph O'Dwyer the inventor of the tubes for laryngeal stenosis bearing his name, died on January 7th, last, in New York,

Ernest Hart for thirty years editor of the British Medical Journal, died January 7th, in London.

In Chicago there have been so many cocaine fiends produced by the use of popular catarrh snuffs, that the city council is considering an ordinance to prohibit the sale of such dangerous remedies.

A Paris surgeon has been fined and imprisoned for causing the death of a patient by leaving in the abdomen, after a laparotomy, a pair of forceps.

Dr. E. C. Morrill, a homœopathist of Norwalk, Ohio, has been several times arrested under the medical practice law, for not registering, and each time the suit has been dismissed.

A vacancy will shortly occur on the staff of the Westboro, Mass., Insane Hospital. Apply for particulars to Dr. Geo. S. Adams, Westboro, Mass.

Dr. F. A. Stevens of Lake Elmo, Minn., has been taking post graduate work at the New York Post Graduate School.

The Nebraska Board of Health has adopted the following resolutions:

1. Resolved, That the Nebraska State Board of Health will hereafter recognize the diploma of no foreign college as a basis upon which to issue a state certificate unless the graduate has successfully passed a government examination and received a certificate entitling him to practice medicine and surgery in the country in which the diploma was issued, or unless he is a licentiate of a recognized college of physicians and surgeons authorized to grant licenses.

2. No certificates will be issued by this board without letters of recommendation with regard to the moral and professional character of the applicant from at least two reputable medical men who live in Nebraska, or if from non-residents of the state, such letters must be endorsed by reputable medical men of Nebraska.

All honor to Nebraska and her Board of Health.

The Melbourne Australia Homœopathic Hospital wants a resident physician—salary and traveling expenses paid—address Dr. J. P. Sutherland, 295 Commonwealth Avenue, Boston, Mass., for particulars.

Dr. S. M. Spaulding is once more with us despite the "glorious climate of California."

Dr. S. C. Delap, editor of the *Medical Arena*, of Kansas City, recently had a pertinent letter in the *Kansas City Star*, anent the Fulton Mo., Insane Hospital, showing a decreased expense rate with an increase of the number of patients which greatly redounds to the credit of Dr. Coombs the homœopathic superintendent.

Dr. W. Capps, of Grand Junction, Colorado, has been appointed county physician.

Dr. W. W. Misener of Tacoma, Washington, is in the Klondike gold fields in search of the yellow metal.

Dr. M. O. Terry of Utica, N. Y., as Surgeon General, N. Y. N. G., has introduced many marked valuable improvements in the way of ambulances, litters, medical and surgical chests, etc., etc.

Dr. B. F. Bailey of Lincoln, Nebraska, for many years a member of the State Board of Health, has been honored by being elected president thereof.

Dr. Wm. Owens of Cincinnati, Ohio, died about the middle of December at Los Angeles, California. He was one of the organizers of Pulte Medical College, and its first professor of anatomy.

Dr. S. H. Spurr of Morris, Minn., University of Minnesota 1893, has been appointed a member of the Pension Examining Board at that place.

Dr. Fanny Kimball-Fiester of Austin, Minn., has recently associated with her, Dr. Emma A. Keeney, University of Minn., '97, who was formerly located at Spring Valley, Minn., which latter place, Dr. Keeney says needs a homœopathist badly.

Picric Acid is highly recommended in the treatment of burns used either as a dusting powder, or on gauze in a saturated solution (2 drachms to the quart.)

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Every member of the American Institute of Homœopathy is entitled to a certificate of membership. Those issued by the Institute are as neat as any diploma, and confer honor on the possessor. It should be hung in the inner office—the sanctum sanctorum—denoting that you have taken the highest degree and have been admitted into the ranks of the Veteran Medical Society of the United States.

If you are not a member or have failed to get this valuable certificate write the secretary, Dr. E. H. Porter, 181 W. 73 St. New York, or the undersigned:

THOMAS C. DUNCAN, M. D.,  
100 State St., Chicago.

Chairman Board of Censors.

Dr. Francois Gits of Antwerp, Belgium, died Nov. 29, last, aged 89. He was one of the founders of the *Journal Homœopathique Belge*.

Dr. C. F. Kenchler of Springfield, Illinois, died Dec. 10th. He was the oldest homœopathist in Illinois, having practiced over fifty years.

President Dole of Hawaii is one who knows a good thing as evidenced by his appointing Dr. F. R. Day, formerly of Chicago, attending physician during his American trip. Dr. Geo. H. Martin of San Francisco, formerly of Honolulu, was physician to the late King Kalaukaua.

Dr. F. F. Ketchum of Valparaiso, Ind., is county coroner.

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#### WISCONSIN NEWS AND NOTES.

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Dr. C. G. Dwight of Milwaukee, has removed to Darling-ton, Wis., taking charge of Dr. M. L. Huntington's practice while the latter is in Europe engaged in special study.

The Milwaukee Academy of Medicine met on Feb, 9th, at the home of the president Dr. Jos. Lewis, Jr., the essayist for the evening being Dr. O. W. Carlson, who by the way is Supervising Medical Examiner of the Royal Arcanum for Wisconsin, and has recently had charge of the Illinois State Supervising Examiners work in his absence and just now is looking after the interests of the order in Minnesota in the absence of Supervising Examiner Spaulding in California.

Dr. E. W. Beebe, Milwaukee, is invalided as a result of a cystitis for the relief of which Prof. Geo. F. Shears of Chicago recently performed a perineal section. Dr. Irving of New York has charge of Dr. Beebe's practice.

Waunakee, Wisconsin, near Madison, a town of 1,000 inhabitants, needs a homœopathic physician, there being but one allopath in the place.

Dr. D. J. Spaulding of Black River Falls, Wis., is in the south for his annual sojourn.

A jury at Stevens Point, Wis., in December last, rendered a verdict giving a widow a \$5,000 judgment against the Ashland Water Co.; her husband having died of typhoid, contracted from drinking polluted water.

Dr. F. A. Forsbeck of Milwaukee, is one of the rising surgeons, as evidenced by a recent operation in which he successfully captured some sixty gall stones. One of Dr. Forsbeck's patients is Dr. O. L. Wolcott, an old school practitioner of note and of years—being 96 years old—the oldest physician in Milwaukee. Dr. Wolcott has practiced in Milwaukee for many years; he is afflicted with cataract.

Dr. L. C. Slye, aged 83, the oldest homœopathist in Wisconsin, died very recently at his home in Baraboo; he had practiced homœopathy in Baraboo for forty-four years, prior to which he practiced in the old school for many years at Waukesha. He was able to prescribe for patients until a very few days before his death.

Dr. H. W. Danforth, recently surgeon to the Cuban Insurgent President has opened offices at 425 Milwaukee St., Milwaukee, Wis.

Dr. E. F. Storke formerly of Milwaukee, is reported as residing in New York and engaged in literary work.

Dr. Lewis Sherman of the homœopathic pharmacy in Milwaukee, is just finishing a very fine tenement block near his residence.

Dr. C. A. Leuthstrom, who practiced homœopathy in Milwaukee for twenty years prior to 1880, now resides on a beautiful farm at Pine Lake, Waukesha County, having office hours in Milwaukee on Monday of each week for consultations.

Dr. W. A. Jones, the only homœopathist of Oconomowoc, was recently appointed postmaster of that city.

Dr. Maybelle Clark of Waukesha, Wisconsin, has been elected county physician after a contest requiring thirty ballots.

# MINNEAPOLIS HOMEOPATHIC MAGAZINE.

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VOL. VII.

MAY, 1898.

No. 5

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## ORIGINAL ARTICLES.

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### EVOLUTION OF MEDICINE TO THE TIME OF THE REFORMATION.<sup>1</sup>

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ADDRESS BY THE PRESIDENT.

M. L. HUNTINGTON, M. D.

DARLINGTON, WIS.

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"Nothing in the evolution of human thought appears more inevitable than the idea of supernatural intervention in producing and curing disease. The causes of disease are so intricate that they are reached only after ages of scientific labor. In those periods where man sees everywhere miracle and nowhere law—when he attributes all things which he cannot understand to a will like his own—he naturally ascribes his diseases either to the wrath of a good being or to the malice of an evil being."

This idea underlies the connection of the priestly class with the healing art, a connection of which we have survivals among rude tribes in all parts of the world and which is seen in nearly every ancient civilization, especially in the power over disease claimed in Egypt by the priests of Osiris and Isis; in Assyria by the priests of Gibel; in

1. Read before Wis. Homeopathic Medical Society.

Greece by the priests of Aesculapius, and in Judea by the priests and prophets of Jehovah.

The religion of the Egyptians was a pantheism, and as many as fifty-six different gods presided over as many different parts of the body. They believed that diseases were caused by demons, and to cure disease they mixed magic and medicine in a manner which was to the disadvantage of medicine, for they believed that medicinal treatment was of no avail unless accompanied by magic.

For many centuries during the earlier civilization the Egyptians were doubtless the most enlightened people of the earth, and they had made great advancement in their knowledge of the arts, much of which has been lost to posterity; for instance, the embalming of their dead is a marvel and a mystery to the present generation even, of which we are wont to boast so much. They had learned much of the surgical treatment of wounds and diseases. Fractures were reduced and treated with splints and bandages, and it is said that the bandaging of their mummies is a marvel of skill and cannot be excelled by the most expert of modern surgeons. They performed amputations, excisions, resections and many other operations in general and special surgery, proof of which is to be found in the mummies now in the museums of the world.

They became famous as oculists throughout the then civilized world, and it is believed that they operated for cataract. Specialism in medicine was a prominent feature of their practice. To apply modern terms, they had their oculists, dentists, mid-wives, gynecologists, etc.

Many drugs which are still standard were known, and in use by these people centuries before Christ; for example, opium, strychnine, antimony, hemlock, common salt, mercury, etc., were in common use.

The advancement of medicine, however, to a scientific basis was impossible under the conditions of its environments. Its entanglement with magic to which it was subsidiary, and the restrictions placed by law upon it, whereby a doctor was held responsible for the life of his



patient, if he deviated from the rules laid down in the Hermetic books, made any considerable advance unlikely, until their conquest by Alexander, when Egyptian medicine became immersed in that of Greece.

To the ancient Greeks are we, of the medical profession, indebted more than to any other of the early civilizations.

Their medicine was originally most intimately connected with their religion. They believed that disease came in consequence of the anger of some of their gods, and naturally their temples became their hospitals and their priests their physicians. To the temples they brought offerings to appease the wrath of offended deity, and after prayers to Aesculapius, their god of the healing art, ablutions, and the sacrifice of their offerings, the patients were put to sleep near the statue of their divinity, on the skin of the animal offered at the altar, while the priests performed their magical rites and ceremonies. During this sleep the appropriate course to be pursued for the recovery of health was indicated by their dreams which were interpreted by the priests. Sometimes an appropriate medicine would be indicated, but more commonly appropriate rules of conduct and diet sufficed. When the cure took place, which frequently happened, by suggestion, as in modern hypnotism, and by the stimulus to the nervous system consequent upon the journey and the hope excited in the patient, a record of the case and cure was carved upon the walls of the temple. Thus were recorded the first histories of cases and their study afforded the most valuable treatises on the healing art to the physicians who studied them later.

In the course of time men who were not priests became interested in medicine, and these were associated with the priests in the temples of Aesculapius. These were called Aesclepiadæ, and their duties were rather as assistants to the priests than as independent practitioners.

As is well known, the Greeks were peculiarly given to philosophy, and in the seventh century before Christ, the philosophers began to speculate upon life, and incidentally upon disease and the remedy therefor. These philosophers

were probably not practicing physicians, but were the originators of theories of disease and their remedies.

About six hundred years before the time of Christ, the Ionic school of philosophy was established, and medicine became a party to another alliance which was equally as unfortunate as its alliance with religion. They taught that the various phenomena of nature were due to different combinations of air, water, fire and earth. They speculated upon disease in the light of their philosophy, and again speculated upon the remedies which ought to be useful in the treatment of disease without regard to what was of actual benefit, so that in the end true medicine was very little better off than before.

Pythagoras who fled from Greece founded the school at Crotona in Italy, where he, being of a mathematical turn of mind, endeavored to make his theories of disease correspond to mathematical principles. He says "All things are number. Number is the essence of everything," and being imbued with eastern mysticism, his treatment of disease was largely magical, based upon his supposed magical combinations of numbers.

In the course of time the Aesclepiadæ began to form professional schools for the study of the healing art. The two most important were at Cos and Cnidos. A spirit of healthy emulation existed in these different schools which was most advantageous to the progress of medical science.

Cos was an objective school and devoted its studies to symptomatology. It asked what can we see of the patient's disorder; of what does he complain; what, in fact, are his symptoms? This is practical medicine, though not so much in accord with modern scientific medicine as the method of Cnidos, the subjective school. Here the aim was to make a correct diagnosis, to find out what was behind the symptoms, what caused the morbid appearance, what it was that the sensations of the patient indicated, and its aim in treatment was not so much to treat the symptoms as to treat vigorously the disorder which caused it. It was here that auscultation was first made use of in

medicine. It was in this school that Greek medicine flourished and grew for several years until the time of Hippocrates, the father of scientific medicine.

About five hundred years before Christ in the bloom period of thought—the period of Aeschylus, Phidias, Pericles, Socrates, and Plato—appeared Hippocrates, one of the greatest names in history. Quietly but thoroughly he broke away from the old traditions, developed scientific thought, and laid the foundation of medical science upon experience, observation, and reason so deeply and broadly that his teaching remains to this hour among the most precious possessions of our race.

It was impossible that our science should make progress so long as men believed that disease was caused by an angry demon or an offended deity, or was only to be cured by expelling the one or propitiating the other. Hippocrates with a discernment and a courage which was marvelous considering his time declared that no disease, whatever, came from the gods, but was in every instance traceable to natural and intelligent causes.

Before the Aesclepiadæ there was no medical science. Before Hippocrates there was no one mind with a vision broad enough to take in all that had been done before, to select the precious from the worthless, and embody it in a literature which remains until the present time a model of conciseness and condensation, a practical text-book on all that concerns the art of healing as it was understood in his time. The minuteness of his observations as a rational and accurate interpretation of all that he saw, and his simple, methodical, truthful and lucid descriptions of everything which he has recorded, excite the admiration and compel the praise of all in the work he has left, nor are his candor, honesty, caution and experience less to be extolled. He confesses his errors, fully explains the measures adopted to cure his cases, and candidly admits that in one series of forty-two patients whom he attended, only seventeen recovered, the others having perished in spite of the means he had proposed to save them. He was prob-

ably the first public teacher of the healing art. His counsels were not whispered in the secret meetings of the sacerdotal assemblies. He was the first to disclose the secrets of the art to the world and dissipated the veil of mystery with which countless generations of magicians and priestly healers had shrouded it, and to stand before his pupils to give oral instruction in anatomy and other branches of his profession. Had he not been the father of medicine he would have been one of the greatest of philosophers. He recognized *nature* in the treatment of disease. Nature he declared is all sufficient for our healing.

Galen states that the greater part of Aristotle's physiology was taken from Hippocrates. It has been the custom to make light of his medical knowledge, and to say that in face of the difficulty, if not impossibility, of procuring subjects for dissection he could have had but little exact knowledge of the human body, but it is certain that by some means or other he must have dissected it. It is true that in his time the prejudice of the Greek people was such that the dissection of the human body was not made a part of a physician's education, but the internal evidence of his various treatises gives abundant proof that Hippocrates did not neglect this necessary study. It is vain to inquire how Hippocrates acquired a knowledge which seems to be so far in advance of his age.

Was Greek wisdom derived from the east, or was its philosophy the off-spring of the soil of Hellas? Such questions have been discussed but to little purpose. There would seem to be several reasons to suppose that Greek medicine was indigenous.

The most wonderful thing in the history of Hippocrates was his complete divorce from the evil traditions of the past. Although he forsook philosophy as an ally of medicine, his system was founded on the physical philosophy of the elements which the ancient Greeks propounded. There was an all pervading spiritual essence which is ever striving to maintain things in their natural positions, ever rectifying natural arrangements, ever restoring them

to their original and perfect pattern. He called that spiritual essence nature. He says that nature is the physician of diseases. Here then we have the enunciation of the doctrine of *vis medicatrix naturæ*.

Hippocrates opposed all hypotheses in medicine, and founded his opinions of disease on actual observation. He was a great master of prognostics, and in his work upon that subject he exhibits remarkable skill and judgment. In his treatment of disease his motto was that the physician should attempt to do good, at least to do no harm. He believed that diseases in general arose from the food eaten, or from the air breathed, and his treatment was largely in the line of regulating the diet, prescribing exercise, bathing, and massage. Yet he bled, cut, and sacrificed, and used laxative and cathartic drugs. He gave narcotics and is said to have been the discoverer of the principle of derivation and revulsion in the treatment of diseases. He was also a skillful surgeon. He tapped the thoracic and abdominal cavities, amputated limbs, boldly opened abscesses of the liver, trephined the skull in injuries and diseases of the brain, and in his treatment of ulcers and wounds he came very near to the modern antiseptic treatment when he prescribed raw tar-water, a crude sort of carbolic acid.

It was only natural that the philosophical Greeks should discuss medicine at as great length as they discussed philosophy. Accordingly, we find no sooner had our art taken its place among the subjects worthy of being seriously considered by the Greek intellect than it was as much talked about as practiced and wrangled over as though it were a system of religion. Sects arose which opposed each other with the greatest vehemence, and Hippocrates had not long formulated his teachings, when his disciples elevated his principles into a dogmatism which challenged and provoked opposition of various kinds.

Then arose schools of medicine which ultimately became famous; as those of the dogmatists, empirics, methodists, etc. His thought was passed on to the school of Alexandria, and there medical science was developed yet farther, especially

by such men as Herophilus and Erasistratus. Under them studies in human anatomy began by dissection. The old prejudice which had weighed so long upon the science, preventing that method of anatomical investigation, without which there can be no real results, was cast aside. When Greece lost her intellectual supremacy with the national independence, the center of literature, philosophy and science was shifted to this unique position. With all the treasures of Egyptian wisdom around her, with all the stores of eastern thought on the one hand and those of Europe on the other, Alexandria became in her school the rallying point in thought of the world's activity. If we turn to an atlas of ancient geography we shall be struck with the unrivalled facilities possessed by this city for gathering about itself the treasures, intellectual and material of the conquered world of Alexander the Great. From the Danube, Greece, Phœnicia, Palestine, Persia, Asia Minor, India, Italy and the Sultan's tribes there came embassies to Egypt to seek the protection and alliance of Alexander of Macedon, and each must have contributed something to the greatness of the city which he had founded. Just as every traveler who in after years passed through the place, was compelled to leave a copy of any work which he had brought with him with the Alexandrian library, so from the first foundation of the town was every visitor a donor of some idea to its stores of thought. Ptolemy Soter was the founder of the famous Alexandrian library. He was a great patron of the arts and sciences and placed this institution under the direction of Aristotle. He also established the school of Alexandria, and encouraged the dissection of the human body.

Here Herophilus, one of the most famous physicians of the world, founded with other physicians of the city, the great medical school which ultimately became distinguished above all others, so that it was thought a sufficient guarantee of a physician's ability if he had received his education at Alexandria. The founding of the great Alexandrian school, formed a great epoch in the history of medicine.

The dissection of the human body was of the utmost importance to the healing art. The science of anatomy on which that of medicine to be anything but quackery must be founded, now took its place in the education of the doctor. The bodies of all malefactors were given over for the purpose of dissection, and Herophilus is accused of having also dissected alive as many as six hundred criminals. In the course of his anatomical researches, he made many discoveries, and gave the parts of the human body names which remain in common use to this day.

Doctor Baas in his account of the anatomy, physiology, and medicine of Erasistratus says that he divided the nerves into those of sensation and those of motion. The brain substance is the origin of the motor, and the brain membranes that of the sensory nerves. He described accurately the sutures, convolutions, and ventricles of the brain. He believed that the convolutions, especially those of the cerebellum are the seat of thought, and located mental diseases in the brain. He assumed the anastomoses of the arteries and veins. Digestion he attributed to the friction of the walls of the stomach. In pathological anatomy he seems to have made but little progress. His therapeutics were simple and mild. He discarded bleeding and purgation, his remedies being bathing, enemata, emetics, friction, cupping, temperance of life, ligation of the extremities for hemorrhage, and in some abdominal diseases he boldly opened the abdominal cavities and applied his remedies directly to the organs affected. He is thought by Baas to have been the fore-runner of Hahnemann from his belief in the efficacy of small doses. He is said to have administered three drops of wine as a remedy in bilious diarrhea.

For three or four hundred years these two leaders, Herophilus and Erasistratus, were followed by disciples who fell into the discussion of empty subtleties to such a degree that the advancement of science bore no important fruits in the later years of the Alexandrian schools, excepting in anatomy, and perhaps in *materia medica*.

To the ancient Romans, medical science owes but very

little for that which is original and distinctive. Pliny tells us that the Roman people for more than six hundred years, though they were not, indeed, without medical art, were without physicians. Such mental culture as the Romans possessed was imported from Greece, and until the Greeks instructed them in medicine, they possessed nothing but a theurgic system of treating diseases by prayers, charms, and prescriptions from the Sybilline books. Their surgery was of the crudest kind, and Livy tell us that after the battle of Sutrium more soldiers were lost by dying of their wounds than were killed in battle. For many years the practitioners, such as they had, were Greeks, and they were of a class who brought discredit rather than honor upon the medical fraternity. They were adventurers who came into Rome for the purpose of enriching themselves through the necessities of the Romans. As a consequence the prejudice of the Romans was aroused against the Greek physicians, and even when thoroughly educated and capable men came into Rome for the purpose of practicing medicine, they were despised and hated. The Greeks did more for the art of healing through their physicians than the Roman gods could do, and in the course of time, the Romans found this out, and then the native doctors were compelled to yield before the advance of Greek science in medicine.

The work of the Greek physicians and surgeons, who had done so much for medical knowledge and advancement gradually made their way amongst the Romans. These paved the way for Hellenic influence in spite of the disreputable behavior of some of the professors of the art of medicine, upon whom the Romans with good excuse looked as quacks and foreigners whose only object was gain.

During the first and second centuries after Christ, the science of medicine flourished in Rome, but even then it was mostly Greek. The science of anatomy was prosecuted with vigor and skill, and many useful and important discoveries were made in anatomy and physiology.

Rufus of Ephesus, in the beginning of the second century was a famous anatomist.

In the first century before Christ appears Aesclebiades of Prusa, who is of interest as having been the founder of the school of methodists. He was a man of great natural ability, and taught that the body was composed of atoms and corpuscles. He taught that health arose in consequence of harmony between atoms and corpuscles, and that disease was a result of a lack of harmony or discord. He paid great attention to diet, passive motion, friction, cold sponging, etc. He entirely rejected the humoral pathology of Hippocrates, and totally denied his doctrine of crises, and declared that physicians alone cured, that nature simply supplies the opportunity. He originated the method of cyclical cures by adopting certain methods of treatment at definite periods. In drugs he was a sceptic, but he allowed a liberal use of wine. He was the first to distinguish between acute and chronic diseases. Acute diseases he supposed to depend upon a contraction of the pores, or the obstruction of them by a superfluity of atoms. The chronic form depended upon the relaxation of the pores or a deficiency of them. He was the inventor of many new methods in medicine and surgery. Among them was bronchotomy, for the relief of suffocation.

Soranus of Ephesus was one of the most eminent physicians of the methodist school. He wrote a complete treatise on the disease of women, which is the only complete treatise on the diseases of women that antiquity has given us. We find from his work that a valuable instrument was used in gynaecology which is thought by many to be of modern invention. The speculum was mentioned by Soranus as used by him. Among the articles used by surgeons, which have been recovered from the ruins of Pompeii, these instruments have been discovered, showing that they were in regular use in ancient times. This work shows a comprehensive knowledge of the anatomy of the pelvis and a remarkable insight into the nature of the diseases of this region.

Cælius was a celebrated physician in Rome, during the first and second century after Christ. His writings became text-books, and were in use for centuries after his death.

Cornelius Celsus, who flourished at the time of Christ, was a celebrated Roman author on medicine. It is a matter of dispute whether he was or was not a physician in actual practice. Probably he was not.

We owe little to the Romans that was original or important in connection with the healing art, yet in Celsus we have an elegant and accomplished historian of the medical art as it was practiced in ancient Rome. He wrote not so much for doctors as for the instruction of the world at large. His knowledge of surgery was considerable, especially that of the pelvic organs of the female. In osteology he excelled. He described many of the surgical operations which were practiced at that time, and we find from him that many of the operations which are now considered triumphs of modern surgery were then in vogue—for instance the plastic operations for restoring the nose, lips, ears, etc., were then performed. Trephining the skull is described with accuracy. The oculists of his time couched for cataracts. He described many of the most difficult operations in midwifery, and as to venisection he says that it is not a new thing to let blood from the veins, but it is new that there is scarcely any malady in which blood is not drawn. Formerly they bled young men, and women who were not pregnant, but it had not been seen until this day that children, pregnant women, and old men were bled.

Dioscorides who lived in the second century of our era, rendered greater services than any other in *materia medica*. His work on the subject was the result of immense labor and research, and it remained for ages the standard authority. It contained a description of everything useful in medicine, and was a most valuable document as a history of the healing art of the period.

A product of the second century of our era was Galen. He was a man of unusual ability. He studied the doctrines of all the schools of medicine, and in the school of Alexan-

dria. He traveled in Greece, Egypt, Asia and Italy. He devoted himself to none of the schools of medicine, whose doctrines he had studied, but he struck out a path for himself. He strove to introduce into medicine a severe dogmatism and to give it a scientific appearance. The enormous number of his works, and the systematic order which distinguishes them, and the elegance of their style and thought, became an irresistible charm to the indolent physicians who succeeded him, so that during many ages his system was considered as immovable. For thirteen centuries his name and influence dominated the medical profession in Europe, Asia and Africa, and his influence under the name of Galenism, was paramount in the eighteenth century.—Notwithstanding the discovery of the circulation of the blood, and other advances in science, Galen collected and co-ordinated all the medical knowledge that previous physicians and anatomists had acquired. He was no mere collector or compiler of other men's works, but he enriched previous acquirements by his own observation, and was in every way a man greatly in advance of his time. A vast body of medical material collected by the various sects and schools was analyzed by the penetrating genius of Galen, whose philosophical and scientific mind was able to distinguish and extract the valuable and the permanent from the worthless and the ephemeral material which encumbered the literature of the healing art. He fell under the domination of none of the schools, though in one sense he may be said to have leaned towards the dogmatists, for his method was to reduce all his knowledge as acquired by the observation of facts to general theoretical principles. He endeavored to draw the student of medicine back to Hippocrates, of whom he was an admirer and expounder. The labors of Galen had the effect to destroy the vitality of the old medical sects, and they became merged in his system, and left off wrangling amongst themselves to imitate the new master who had arisen. Galen recognized order and purpose in all things. The development of the conviction that there is a purpose in the parts of animals, of a function

to which every organ is subservient, greatly contributed to the progress of physiology. It compelled men to work until they discovered what that purpose was.

After the death of Galen in the year 210, A. D., came the invasion of the Goths over the civilized world, and all but extinguished the learning of the times. Medicine lingered still in Rome, Constantinople and Alexandria, but individuals rather than schools and sects kept it alive. It struggled to exist amidst the greatest ignorance, superstition, and magical practices until it was invigorated by the Saracens.

During several centuries after the fall of Rome the condition of medicine was indeed wretched. We find but few names which stand as guide-posts in the history of medicine from that time until about the ninth century when Rhazes appeared upon the scene, and was known as the Arabic Galen. He practiced in Raria, Bagdad, and afterwards at the court of Cordova. He was a man of philosophical mind, and became a celebrated physician, to whom pupils flocked from all parts of the world. He first wrote a treatise on small-pox and measles which is considered the most important of his numerous works.

In the next century Avicenna, the prince of physicians as he was called, still further assisted in the revival of scientific medicine among the Arabs in the east. His name became famous both in Asia and in Europe for several centuries. Few other names appear prominently among the Arabian physicians, but it may be said of them that the Arabian faculty esteemed most highly medicine proper, though pharmacy and *materia medica* were especially studied. The professors were paid by the state and handsomely as a rule. Their text-books were the works of the Greek physicians, especially those of Hippocrates and Galen. A sort of matriculation examination was required before a student could enter some of their schools, and he was also subjected to a professional examination before being admitted to practice. The Arabian physicians were usually men of high culture. Not only were they men of science, but of philosophy and literature also. Great mystery was

combined with Arabian medical practice. Astrology was the hand-maiden of medicine, and charms entered largely into therapeutics. Their physicians wrote prescriptions with purgative ink, so that "take this" was meant literally when the doctor gave his prescription.

The learning of Europe was preserved and greatly advanced by the founding of the Monastery of Monte Cassino. Under this and others of its class were sheltered men who had devoted their lives to religion and science.

From the sixth to the twelfth century, such medical knowledge as existed in Europe emanated chiefly from these abodes of piety, industry, and temperance. The monks were the healers of the sick, as well as the spiritual advisers of the sinner.

An important era in the history of medicine in Europe was the rise of universities. Those in which medicine was fostered to the greatest degree were the universities of Montpelier, Salerno, which were founded in the tenth and twelfth centuries. There were two bodies of men outside of the church, who though largely fettered by superstition, were far less so than the students and monks of the ecclesiastical schools, and these were the Jews and Mohammedans. The first of these especially, had inherited many useful sanitary and hygienic ideas, which had probably been evolved by the Egyptians, and from them transmitted to the modern world through the sacred books attributed to Moses. The Jewish schools became especially devoted to medical science, and to them is largely due the building up of the school at Salerno, which we find flourished in the tenth century. Judging by our present standards, its work was poor indeed, but when compared with other medical instruction of that time, it was vastly superior. It developed hygienic principles especially, and placed medicine upon a higher plane.

Still more important is the rise of the school at Montpellier. This was due almost entirely to Jewish physicians, and it developed medical studies to a yet higher point, doing much to create a medical profession worthy of the name throughout southern Europe.

As to the Arabians, we find they flourished from the tenth to the fourteenth century, especially in Spain, giving much thought to medicine and to chemistry as subsidiary to it. The Arabians were indeed much fettered by traditions in medical science, but their translations from Hippocrates and Galen preserved to the world the best thus far developed in medicine, and still better their contributions to pharmacy.

Various Christian laymen also arose above the prevailing theological atmosphere of the world, and were astute enough to see the importance of promoting scientific development. First among these we may name the Emperor Charlemagne. He and his great minister, Alcuin, not only promoted medical studies in the schools they established, but also made provision for the establishment of botanical gardens in which those herbs were especially cultivated which were supposed to have healing virtues.

In the thirteenth century Emperor Frederick the Second, during his crusading expeditions, brought together many Greek and Arabic manuscripts, and took especial pains to have those concerning medicine preserved and studied.

The germs of a higher evolution of medicine were for ages kept under by a theological spirit. As far back as the sixth century, so great a man as Pope Gregory the First, showed himself hostile to the development of the science. In the beginning of the twelfth century, the Council of Rheims interdicted the study of physics and law by monks, and a multitude of other councils enforced this decree.

About the middle of the same century St. Bernard still complained that the monks had too much to do with medicine, and a few years later we have decretals like those of Alexander the Third, forbidding monks to study or practice it.

At the beginning of the thirteenth century, the Fourth Council of Laternum forbade that surgical operations be practiced by the priests, deacons, and sub-deacons, and in 1243, A. D., the Dominican order forbade medical treatises to be brought into their monasteries, and finally all participation in the art and science of medicine was prohibited.

As a result of this ecclesiastical opposition to medical

science, we have through these ages the most remarkable combination of magic and fetichism, witchcraft and superstition, fostered and enforced by the Christian church, a condition which we of the present time can hardly understand and appreciate.

The development from this theological spirit mixed with professional exclusiveness and mob prejudice wrought untold injury. Even to those who had become so far emancipated from these fetich cures as to consult physicians, it was forbidden to consult those, who as a rule were the best.

From a very early period of European history, the Jews had taken the lead in medicine. Their share in founding the great schools at Salerno and Montpelier we have already noted, and in all parts of Europe we find them to be the acknowledged leaders in the healing art. The church authorities enforcing the spirit of the times were especially severe against these benefactors. That men who openly rejected the means of salvation, and whose souls were undeniably lost should heal the elect seemed to be an insult to Providence. As late as the middle of the seventeenth century, when the city council of Hall in Wurtemburg gave some privileges to a Jewish physician "on account of his admirable skill and experience," the clergy of the city joined in a protest, declaring that it were better to die with Christ than to be cured by a Jew-doctor aided by the devil.

During the fifteenth century and the early years of the sixteenth, the revival of learning, and of the inventions, and the great voyages of discovery, gave a new impulse to thought, and in this revival medical science shared.

In the sixteenth century, Paracelsus appears—a great genius doing much to develop medicine beyond the reach of sacred and scholastic traditions, though still fettered by many superstitions. More and more in spite of theological opposition, came a renewal of anatomical studies by dissection. The purpose of the old Alexandrian school was thus resumed. Mundinus, a professor of medicine at Bologna, early in the fourteenth century, dared use the human subject occasionally in his lectures; but finally came a far

greater champion of the science, in the person of Andreas Vesalius, the founder of the modern science of anatomy. The battle waged by this man is one of the glories of our race. In the search after real knowledge, he risked the most terrible dangers, as well as the charge of sacrilege founded upon the teachings of the church for ages.

Despite ecclesiastical censure, great opposition in his own profession, and popular fury, he studied his science by the only method that can give useful results. No peril daunted him. To secure material for his investigations he haunted gibbets, the charnel houses, braved the fire of the inquisition, and the virus of the plague. At twenty-eight years of age Vesalius gave to the world his great work on human anatomy. With it ended the old and began the new. His researches through their thoroughness were triumphs of science. The illustrations in his work by their fidelity were triumphs of art. The ecclesiastics assailed and persecuted him in one way and another, until finally he became a wanderer upon the face of the earth and died in a foreign land.

The revolution affected in medicine by Paracelsus, the so-called reformer of medicine, was of the greatest importance, not only to the medical profession, but to civilization in general. Browning's poem, "Paracelsus," has probably given the world the truest conception of the man who did so much for the world and humanity in his enormous service of liberating medicine from a slavish adhesion to authority, though it must be admitted that he was given to extravagance and excesses which we may find it difficult to excuse, even though for the most part they were faults common to his country and age. He studied under the great masters as well as at the university at Basel. After having completed his studies in the university, he traveled with the armies extensively as a surgeon, after which he traveled in various foreign countries, picking up scraps of knowledge here and there among all sorts of people, from the lowest to the highest. His only volume was *natura*, which he interrogated at first hand. If there was one thin-

which he detested more than another, it was the principle of authority. He bent his head to no man. In 1525, A. D., he returned to Basel, and the fortunate cure of a prominent citizen finally secured him the place of professor of physics, medicine and surgery in the university at Basel. To emphasize his independence and scorn of authority, upon taking his place in the lecture room at Basel, he burned the books of the master's before the students and exclaimed "Away with Aetius, Ourabasius, Galen, Rhazes, Sorapion, Avicenna, and other blocks."

Paracelsus, as was the custom with many in his time, was very bombastic and often made himself ridiculous by his self-conceit, but his aim and his efforts were to deliver medicine from the thraldom of its slavish adhesion to authority which had existed for more than a thousand years. Hippocrates was his model, and he made himself a second Hippocrates. He introduced many remedies which he had learned during his travels, and endeavored to use them according to scientific principles. In alchemy he was an adept, but instead of using alchemy for the purpose of discovering a method of manufacturing gold from the grosser materials, and for the discovery of the philosopher's stone, he used it for the benefit of mankind in the preparation of useful remedies, and he was the first to discover the chemical nature of many of the processes of the human body. He criticised his contemporaries harshly, and by one means or another secured the enmity of not only the ecclesiastical profession, but also of the medical profession, and finally had to flee from Basel.

Instead of the filthy concoctions and disgusting masses which had hitherto been prescribed, he taught the doctors the use of tinctures and the so called quintessence of drugs. In consequence of opposition, and of his unfortunate mistake in having written his treatises in German, it was many years before the reformatory movement which he originated had developed to any considerable extent. However, in this age of revolt from the old order of things, men appeared here and there who championed the cause of Paracelsus.

The obstacles which were placed in the way of the reformatory movement, and which were already in existence, were enormous and powerful. The church was in fear of losing her power and prestige, and she used that power to her utmost to thwart the advance of thought, believing no doubt sincerely that she was doing God's will. Mysticism and fetichism were rampant, and the theurgic offices of the priesthood were upheld and insisted upon. Belief in charms, in the relics of saints, in the royal touch, in witchcraft and sorcery, were obstacles, both internal and external to the medical profession which made advancement extremely slow and difficult.

But the soil was ready and when the germ was planted it grew; the earth could not restrain it and it burst forth, a vigorous plant proclaiming reformation.

Thus have we traced medicine through a day and a night of its existence to the dawn of another day. Man's mental faculties had slept for a thousand years under a blanket of ignorance, superstition and oppression. At early dawn, of the new day we find men rising here and there shaking off the dews of stagnation and stepping forth into the bright light of independent thought. Philosophy and religion, art, literature and science, all branches of human activity began to stir as if at the call of a trumpet and there was ushered in a new era, an era of liberty.

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#### A REVIEW OF THE OPERATION OF TRACHELORRHAPHY.

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Among the operations which have been revived and modernized by the surgeons of later days, few have become more popular than that of trachelorrhaphy. I say popular; not only because of its general application as a remedy to a

common evil among a great majority of women, but also on account of the fact that surgeons very readily appreciate the pathological changes which justify its performance. It is thus justly accepted as a remedial procedure by the surgeons and as a blessing by their patients. But "good things" are only beneficial as long as their use is limited. Let their influence extend beyond certain limits and they will become harmful and destructive agencies. The surgeon who does not with his natural enthusiasm associate the restraining power of conservatism will, sooner or later, find himself sorely disappointed by his failures; and his opinion and advice executed without calm and thoughtful consideration will give him cause for regret.

"Conservative surgery as applied to gynecology", says a recent graduate from "Old Hahnemann", "is surgery practiced in behalf of the patient not for the honor of the surgeon simply, nor to satisfy his desire for a brilliant surgical reputation, nor for greed of gain. The conservative surgeon practices and believes the golden rule, weighs in the balance the pros and cons, and acts as conscience dictates. He does not necessarily wait until the operation is the last resort, but knows when to operate as well as where and how for the best interest of the woman." And the truth of these words applies to the practice of general surgery as well.

Trachelorraphy is a plastic operation for the repair of a lacerated cervix uteri. This injury may exist in the nature of a small fissure, or rent to a complete division of the anterior and posterior lips of the intra-vaginal cervix. Its cause is purely traumatic. The forcible expulsion of the uterine contents without proper dilation of its cervix, is the common causative factor. This may occur at almost any stage of pregnancy, but rarely earlier than the second month. Other causes, such as the improper application or management of the obstetrical forceps, uterine or cervical diseases, a faulty development of the cervix, etc., may be mentioned.

The impulse of a woman when she is made aware of the existing laceration, is to blame her attending physician.

Whether or not there is sufficient cause for so doing, the duty of the surgeon to whom she applies for relief, should always be to insist upon the complete exoneration of the obstetrician, from the blame in the accident, or failure, or neglect in its prevention, or the postponement of repair of the injury at the time of the confinement.

Commonly associated with laceration are erosion and inflammatory conditions of the neck and body of the uterus. Fibrinous exudation generally takes place within the meshes of the connective tissue and a condition of cervical hypertrophy is the result. This may extend to the body of the uterus, resulting in increased vascularity and turgescence of the organ. Version or prolapse are therefore quite common complications in such cases.

The diagnosis must be made by local inspection. With the educated finger or instrument, the fissure or notch, commonly situated at the labial junction will be discovered, and the finger will readily sink into the depression. An error not unfrequently made by surgeons is to mistake an erosion or an ulceration, for a laceration. Still, if the history of the patient is looked into, an existing erosion will often be found to be associated with, if not caused by a laceration, and it will always prove a difficult task to successfully treat such a case without resorting to an operation for repair.

The uterus being enlarged and heavy from increased vascularity pulls its ligaments downward and sinks to the pelvic floor, resting upon the posterior vaginal wall, thus giving the cervix a flattened and strangulated appearance. Leucorrhœal discharge is a common complication and metritis the rule. In one of my cases, upon which I operated for Doctor Sherman, of this city, the cervical inflammation had became so deep seated as to not only destroy the cervical endometrium but affect the whole cervical body necessitating an amputation. All these pathological changes produce local pain and discomfort, at the same time seriously injuring the woman's nervous system. The symptoms are many and indistinct, hardly ever alike in two cases. They may manifest themselves in mental, moral, physical and sexual

disturbances, and volume upon volume has been written upon the very interesting subject of hysteropathy.

The preparation for the operation should be carefully attended to, the bowels evacuated, vaginal douches given and general antiseptic precautions taken. The anæsthetic is chloroform by preference, except when contraindicated. Some authorities object seriously to chloroform and recommend ether or local anæsthesia. During my term of service in the Hahnemann Hospital of Chicago, I saw ether administered only a very few times when the cases in which chloroform was used were legion, and never with any serious result. I am therefore inclined to rely on chloroform and consider it, when administered by proper hands, just as safe, quicker acting, and with less severe after effects than ether or any mixture of two or more drugs employed to produce anæsthesia. Frequently cases are reported where this operation is performed, under the influence of the local application of cocaine. This is certainly of very little value, and gives no comfort to the patient. Its application must be continued at intervals during the operation, and little is the effect on the tissues, as instead of being absorbed, it is instantly washed away by the blood from the bleeding surfaces, especially when the patient is a "bleeder" and the majority of cases are such. The nature of the disease and the pathological changes in the vascular supply necessitate such a condition. As the cervical tissue is not a very sensitive one, I believe that the beneficial soothing effect of cocaine is hypothetic, and its application during the operation is simply a nuisance to the operator. In regard to the position of the patient, on the table, practices vary, and one is as good as the other. I prefer the lithotomy or dorso-sacral position, possibly because I have been educated to consider it the most advantageous. Authorities, such as Southwick, Byford and Cowperthwaite, recommend the Sims' position when others i. e. Ludham, Coe, authorities of equal eminence, have adopted the dorso-sacral. Surgeons of the modern school have, as a rule, accepted this latter position in preference to others. Having again cleansed

the vagina and introduced Sims' speculum, the cervix is brought into view and fixed for the operation. With the cervix held in position by means of a volsellum forceps, the operator transfixes the anterior and posterior lips from above downwards with a needle threaded with stout silk. This thread as it passes the external os, is caught with a tenaculum, and a double loop is made, one for each lip which will hold the cervix firmly in position. Some operators prefer the volsellum alone, without the silk loops, but the use of the latter have in my experience proven to be the better practice. The volsellum tears the cervical tissue more readily, and obstructs the view of the operator. The silk loops are more flexible, tears the tissues less, and can with equal advantage be controlled outside of the operative field.

The area of denudation is mapped out by a scalpel. This done, the next step is to remove the cicatrix or "plug". This tissue, which simply marks the extent of the rupture and nature's attempt to repair, may extend or dip down quite deeply into the body of the cervix. Of course this indurated tissue must be thoroughly removed, and the freshened edges made smooth and even so as to secure perfect approximation and union by first intention. The "plug" can easily be distinguished from the healthy normal uterine tissue with the finger.

The removal of the morbid redundant tissue may best be accomplished with the scissors (Jenk's or Dawson's.) The use of Skene's parrot bill scissors is generally abandoned, as it is inaccurate, preventing the operator from observing the depth or the amount of tissue, necessary to be removed. He may either excise more or less than is necessary. The slower process by means of the Dawson's scissors allows a clear view as to the extent of the cicatrix and gives an opportunity to avoid the wounding of the large arteries. A deep grasp with the Skene scissors will invariably injure some of the large branches of the circular artery. The hemorrhage may be controlled by means of sponges, or the constant irrigation of hot sterilized water. Whether the laceration is unilateral, bilateral or stellate, sufficient tissue

should be removed so that not even the smallest fissure is left after the edges are coapted.

Being satisfied that the refreshed surfaces are smooth, and all blood removed, the introduction of the sutures is the next step in the operation. The needle should be straight, or slightly curved, (Emmet's or Sim's) and passed well into the lips. The inexperienced operator will find some difficulty in introducing the first suture at the angle of the wound. As to what kind of sutures to employ, opinions differ.

The silver wire is used by many, being easily adjusted and securing a neat and perfect approximation of the edges. Catgut is not reliable, as it may stretch or become untied. It may be absorbed before the wound is sufficiently healed, and as for its aseptic qualifications, there is room for doubt. The ideal material for cervical operations is, in my opinion, the silk worm gut. In a laceration of average size, three or four sutures are sufficient. In introducing the last suture, near the cervical canal, it is a good practice to introduce a sound and keep it in position while the suture is made, as the needle may pass too close to, or within the canal, causing complete occlusion. In cutting the ends of the suture, a good rule to follow, is to leave one end of each suture and cut away the other. Those that are left are tied together on either side, and will help guiding the scissors when the time for their removal has arrived. This method will prevent any suture from being left unremoved, an omission of which many have been guilty of, and which may cause serious trouble. This is a frequent occurrence when a surgeon has been called in to operate, and the after treatment is in the charge of the physician, who perhaps at the time of the operation took no special notice of the physician and number of the sutures.

As an illustration thereof, I might mention a case of a woman, Mrs. J., age 30, who, after the operation for the repair of a lacerated cervix, was suffering from menorrhagia. The periods lasted ten days to two weeks, and would commence again with but a weeks interval. A stitch was found

almost completely buried in the cervical tissue and, after its removal, which was made with some difficulty, the flow ceased and no complaints have been made since.

But it must be admitted, that even under the most favorable circumstances, one may find it difficult to remove the sutures without bruising the cervical tissue. The long sharp pointed scissors are commonly used. Pratt's hysterectomy knife has given me satisfaction. Still, I believe some better instrument could be devised, which would be better suited for this little detail in the finishing up of the case.

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### CORRESPONDENCE.

**EDITOR MINNEAPOLIS HOMOEOPATHIC MAGAZINE:**—The annual meeting of the American Institute of Homœopathy to be held at Omaha, Nebraska, beginning on June 24th, 1898, bids fair to eclipse all previous gatherings of this vigorous association. The interest in the Institute has been stimulated and strengthened, and it is evident that a united effort will be made to advance the influence and power of the Institute in every possible way. There should be but one desire, one aim and one ambition common to all the members of the Institute, and that should be to aid by every endeavor to try and make this meeting of 1898, exceed all our former records. The various chairmen of the sections have prepared excellent programs, and they have made it a special point of consideration, not quantity but quality, in the papers presented. Each paper will be definitely arranged for in the sectional programs which will be entirely novel to most of the members of the Institute. Whatever changes are made will be made to increase the interest in sectional work. The Local Committee at Omaha have been most thoroughly occupied since last Fall, and have done an immense amount of work. They are prepared to afford us a number of welcome surprises while we are their guests; in fact there seems to be no limit to their hos-

pitality. There will be ample accommodations at Omaha, so far as the hotels are concerned, for all who attend the Omaha meeting, and the rates will be extremely reasonable. It must not be forgotten that the great International Exposition will be held at Omaha during the time of the Institute meeting. This in itself, as it will be the greatest Exposition held in this country since the Chicago World's Fair, will be a great attraction. Various excursions have been arranged for, one to Yellowstone Park and return, another to Denver, to the Garden of the Gods, Colorado Springs, Salt Lake City, Glenwood Springs and return to Omaha. Others will be announced. The reports from various sections of the country indicate that the attendance at the Institute will be very large, and it is expected not only that every member should come himself to attend this meeting, but that he should try to bring with him at least one new member; this is certainly not a laborious task, and could easily be done if earnestly undertaken. Let us all pull together at Omaha, and make that session not only the most pleasant in its relationships, not only the greatest in its record of attendance, but the most perfect in harmony, the most marked in progress and in contributions to medical science. Railroad rates and different routes for reaching Omaha, and statement of hotel accommodations will be found in the annual circular.

Yours very truly,

E. H. PORTER, Gen'l Sec.

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At the Omaha meeting of the American Institute, the sessions will be held in the new Creighton Medical College Building.

Go to Omaha via the "North western line."

The *Materia Medica* conference will hold but one session.

Chairman F. F. Teal says the entertainment feature will not be neglected.

When you arrive, ask anyone in a gray cadet uniform, and not a policeman, when you desire information of any kind, the cadets are assistants of the local committee of arrangements.

The *Critique* has arranged for an excursion through to Salt Lake City and return, after the Omaha Institute meeting, for a very reasonable sum. Write Dr. J. Wylie Anderson of Denver, Colorado, about it.

# MINNEAPOLIS HOMEOPATHIC MAGAZINE.

HENRY C. ALDRICH, M. D., EDITOR.

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The editors are responsible for the maintenance of the dignity and courtesy of the journal, but NOT for the opinions expressed by contributors. Requests for reprints should accompany manuscript. No discourteous or anonymous communications will be recognized.

All manuscripts, exchanges or books for review, should be addressed to HENRY C. ALDRICH, M. D., 313 Medical Block, Minneapolis.

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## EDITORIAL

### BACTERIOLOGY A FAD.

Dr. Gibbes, after occupying the chair of bacteriology for some ten years or more, at Ann Arbor, has accepted the position of health officer for the City of Detroit.

A recent interview with the eminent scientist, credits him with what *The Medical Brief* very aptly terms a puncturing of the bacteriology fad. The interview at least shows the doctor to be a man of most liberal views, a man of intensive thought and logical deduction.

Dr. Gibbes to-day denies bacteria as a causative factor in disease. It has to be borne in mind too, that in publishing this statement, Dr. Gibbs does not give it as his opinion merely, but as a fact based upon actual experiments; said experiments (consisting of inoculation with bacteria,) having been performed upon himself time and again, without the slightest effect. He not only says that the idea of dodging a bacillus here for one thing, and another somewhere else for another thing is absurd and "simply a fad", but he

absolutely denies the fact—hitherto urged as a proof of their etiological nature—that these pathogenetic micro-organisms are always present in disease. He says “I have conducted hundreds of autopsies on consumptives without finding a trace of the bacillus tuberculosis.”

Dr. Gibbes pays a very fitting tribute to the universal learning of Germany, but denies their superiority. Says the doctor:—“I taught along the lines of Koch, but presented results for what they were worth only. There is no such thing as *German science; science is universal.* My personal investigations have convinced me that the whole germ theory of disease is a fad. In Germany, Dr. Koch’s theories are regarded as *theories only;* but in this country, they are held too frequently to be facts.” Such words from such a man are pregnant with thought.

There is a too blind idolatry of German science in most of our American medical colleges; and the man contemplating a continuation of study abroad, instinctively turns his face toward Berlin. Germany to-day is showing her jealousy of other nations, and has already taken the preliminary steps for shutting the foreign student out of her schools.

Let us not wait for any further exhibition of her porcine qualities; common sense prevails in the mother country yet, they still believe that pathology is perverted physiology, and can be restored by the intelligent use of pure drugs and the careful observance of hygienic laws. Let us leave Germany in peace with her wonderful theoretic discoveries and pin our faith to the common sense of the Dr. Gibbes’ of the world, the men whose reputations and reasonable deductions give both weight and significance to their utterances.

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#### HOMŒOPATHIC ARMY SURGEONS.

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Drs. W. H. Caine of Minneapolis and A. B. Cole of Fergus Falls, have been commissioned as surgeons of the second and third regiments of the Minnesota Infantry, recently called out by President McKinley.

## BOOKS.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS INDEX, A WORK OF REFERENCE FOR MEDICAL PRACTITIONERS.** By a corps of thirty-five contributors 1898 16th year. New York, E. B. Treat & Co., 241-243 W 23d St. Chicago, 199 Clark St. Price \$3.00

The sixteenth annual has made its appearance, and once more this work upholds the reputation, not only of its publisher, but also of its various contributors, thirty-five in number, all writers of international reputation. The work reviews medical progress for the year, and abounds in original articles, which articles treat not only of the advances in medical and surgical science per se, but illustrates and describes the new appliances; refers to new books on medical topics and generally in condensed form gives the matters of interest to the profession. Sanitary science holds a good position and is interestingly written up, in fact we can say that of all the topics. By all means secure it.

**TRANSACTION OF THE FIFTY-THIRD SESSION OF THE AMERICAN INSTITUTE OF HOMEOPATHY,** held at Buffalo, N. Y., June 24, 1897. Edited by **EUGENE H. PORTER, M. A., M. D., Gen'l. Sec'y.**

This volume shows the editorial ability of friend Porter to great advantage, and he is to be congratulated on his use of the blue pencil, thus bringing down the size of the volume. A pleasing feature is the frontis piece, a good portrait of President Custis. The arrangement, type and paper, leave nothing to be asked for.

**A TEXTBOOK OF GYNECOLOGY,** By **JAS. C. WOOD, A. M., M. D., Professor of Gynecology in the Cleveland Homeopathic Medical College, etc., second edition revised and enlarged; with two hundred and ninety-five illustrations in text, and thirty-seven colored and half-tone plates.** Philadelphia, Baericke & Tafel, 1898. Price \$7.00 in cloth, \$8.00 in half morocco.

This popular author is to be congratulated upon this, the second edition of his best work. The volume has been

largely rewritten, and very much enlarged. A new chapter on the obstetric operations the physician meets with has been introduced, and the *illustrative cases* have been increased in number instead of printing statistical tables. One-hundred and twenty-three new illustrations have been added, most of them from the authors own practice. The publishers have spared no pains, and as a result we have one of the finest and best works on this subject. The chapters upon Electricity, Antisepsis and Asepsis, Pelvic Abscess, Malignant Diseases of the Uterus, and Injuries resulting from Child-birth, have been rewritten and brought fully up to date, which has occupied a great deal of time.

The volume contains nearly 1000 pages, is fully indexed and should meet with a rapid sale.

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## NEWS AND NOTES.

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Dr. Geo. F. Roberts, has recently been suffering from an attack of la grippe.

Dr. Geo. E. Ricker, has been suffering from lumbago.

Dr. M. P. Austin, is dangerously ill from acute inflammatory rheumatism.

Dr. A. P. Dietrich of Kansas City, died April 6th, last.

Dr. H. C. Woods, has removed from Maynard, to Fayette, Iowa, and Dr. E. J. Meacham from Washington, Iowa, to North Chicago. Prof. G. Hardy Clark has resumed practice at Humboldt, Iowa.—*Clinique*.

Dr. E. Lippincott, of Memphis, Tenn., died March 22, last.

Prof. Tomhagen, is reported to have left Hering College, and gone on to the faculty of Hahnemann College, Chicago.

Dr. E. H. Pratt, is now associated with the Streeter Hospital, Calumet Ave., Chicago.

Born to Drs. Wm. D. and Addie F. Gilman Kirkpatrick, of Mazeppa, Minn., a daughter, on April 14th, all doing nicely; congratulations.

The Maryland Homœopathic Hospital at Baltimore, expects to erect a large addition this spring, three stories high forty by eighty feet, of brick stone trimmed.

Dr. Allison Clokey, of Louisville, Ky., is secretary of the Interstate Committee of the American Institute.

Dr. J. N. Eckel, of San Francisco, Cal., is seventy-five years old.

Drs. W. A. Dewey, E. H. Porter and Pemberton Dudley have been elected corresponding members of the British Homœopathic Society.

There are fifty homœopathists in Barcelona, Spain.

The American Homœopathic O. O. & L. Society, meets this year at Chicago, June 22 and 23.

The Illinois State Society defers its annual meeting 'till Sept., 6th, 7th and 8th of this year.

The new Western Illinois Hospital for the Insane, was ready to receive patients last month.

Dr. Geo.B. Hamlin has removed from Austin, to Granada, Martin County, Minnesota.

J. H. Beatty of St. Cloud, Minn., has been appointed physician to the State Reformatory at that place; vice Dr. W. T. Stone, resigned.

Dr R.B. Leach, has removed from Minneapolis, to St. Paul, where he will be associated with Dr. W. S. Briggs, with offices in the Germania Bank Building, while his residence will be at 712 Cedar St.

Do not forget that the "North Western Line" is the most direct and sumptuous route leading to Omaha. By all means travel over it.

The New York Homœopathic Medical College Hospital, owns \$560,000 worth of property and owes but \$160,000.

Thirty-second annual session of the Minnesota State Homœopathic Institute, Minneapolis, May 17-18-19.

The Michigan State Society meets at Grand Rapids, May 17 and 18.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### THE ANATOMICAL BASIS OF THE SIMPLER REFLEXES.

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E. LINDAN MELLUS, M. D.

LECTURER ON CEREBRAL MORPHOLOGY—PATHOLOGIST TO MASSACHUSETTS  
HOSPITAL FOR INSANE AT WESTBORO.

BOSTON, MASSACHUSETTS.

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The somewhat arbitrary division of nervous phenomena into automatic and reflex action, though open to criticism, cannot easily be bettered. The more generally accepted distinction is that a reflex action is induced by a stimulation from without the nervous system, while the automatic nervous phenomena are dependent upon influences which act from within. Just where the dividing line would come under this definition, might easily be a matter of some dispute. It is sufficiently easy to bring forward examples of reflex action, which are clearly due to a stimulus from outside the nervous system, but the types of automatic action of which the moving cause may not be outside the nervous system, are few and are constantly growing less. The vital processes, respiration, circulation, secretion and excretion, furnish examples of a more or less mixed type, most of which have at some time, by one or another authority, been

classed as reflex. The nervous phenomena which influence development, the processes of cell division and multiplication, normal and abnormal, and cell life, are so imperfectly understood, that almost any hypothesis may be allowed to stand for want of data upon which to attempt its overthrow. Some mental operations may originate from within, but the great majority at least, are suggested by the reception of some impression by way of the special senses.

To a clear understanding of the reflex and its significance is essential a familiarity with the anatomy and physiology of the parts concerned in its accomplishment. The essential element in any nervous phenomenon, or as might be said the *nerve unit*, is the *neuron*. The neuron is understood to stand for the cell body, its *dendrons* or protoplasmic processes with thin ramifications, and the axis-cylinder process or processes, the essential nerve fibres, and their terminal ramifications as well as the branches or collaterals given off by the axis-cylinder and their terminal arborifications—in short, the nerve cell and all its processes. (Some authors wrongly refer to the axis-cylinder as the *neuron*.)

Nerve cells are classified in accordance with their distinctive characteristics and location. They are arranged systematically in groups in the brain, and cord comprising with their processes and supporting structure, the central nervous system. The groups are connected and associated most intimately, and their relations to each other, and the periphery are most complex. For purposes of classification neurons may be divided into three principal classes: Sensory, Motor and Special Sense. The latter probably capable of many sub-divisions. It may be found necessary to create another class of association neurons. (The cell with the short axis-cylinder process known as "*Golgi's cell type*," was considered by Golgi as sensory, but is now looked upon as purely an association neuron and belonging to neither of the three classes specified above.) Looked at from another standpoint, they are divided, irrespective of function, into *primary*, *secondary*, etc. A given impulse

or impression starting in a primary neuron from which it is transferred to a secondary neuron, and so on. Thus a motor impulse starts from the *pyramidal, volitional, psychical* cell in the cortex, passes down its axis-cylinder through the internal capsule, crus cerebri, pons and medulla to the cord where the impulse is transferred to a large motor cell in one of the anterior horns. This motor cell with its axis-cylinder passing out into the anterior root of one of the spinal nerves thus constitutes, in such a case, the secondary neuron. Now, if in another case the axis-cylinder process of the pyramidal cell comes to an end in some nucleus lying in its path before it reaches the cord, the neuron in such centre, which receives the impulse, is the secondary neuron by which the impulse is carried on to a cell in one of the anterior horns of the cord, and the motor cell of the cord with its processes is the tertiary neuron.

The *primary sensory* neuron is quite a different affair. The cell in this case is developed and always remains outside the central nervous system in the ganglion of the posterior root. From this cell develop two axis-cylinder processes; one outward to the periphery, and one inward toward the secondary neurons. Here, the impulse, instead of originating in the cell itself, starts in an *end organ*, as it has been called; but which is possibly only a peculiar arrangement of the terminal ramification of the fibre, is carried inward to the cell by the peripheral fibre, transmitted to the central fibre by which it is in turn carried along and passed over to the secondary neuron on its way to the cortex, where, when received it is recognized as a sensation. The mode of transference of impulses from neuron to neuron is now generally believed to be by contact only. All axis-cylinder processes end in fine ramifications, which either interdigitate with the corresponding ramifications of some other process, or with the dendrons (proto-plasmic processes) of a cell, or entwine themselves about the cell body itself.

Ramon y Cajal, who has done so much to revolutionize the histology of the nervous system, is out with a new theory

not less startling than were some of his earlier announcements. He has observed some large cells with but few and slightly extended protoplasmic processes and, on the other hand, small cells with numerous and greatly extended processes. He suggests these may be similar cells under different conditions. That nerve cells may be capable of certain amoeboid movements, or changes of shape by which they can extend or retract these protoplasmic processes, making and breaking connections as the case may require. If it were possible to demonstrate the proof of such a theory, it might be applied in a multitude of directions to explain the phenomena of sleep, anaesthesia, the sequence of ideas, "trains of thought," etc.

The demonstration of the existence of collaterals which are given off at right angles from the axis-cylinders, and also break up into terminal ramifications has much enlarged our conception of the relations and connections of the neuron. We can thus show a single neuron to be in anatomical relations with many others and a nervous impulse of sufficient intensity may so be spread in all directions. It is in the multiplicity of these connections that we distinguish the higher from the lower development of the nervous system.

A sensory nerve fibre entering the cord by the posterior root of a spinal nerve passes into the postero-external column where it divides into an ascending and a descending branch. The descending branch is much the shorter, only extending through one, two or three segments, gives off several collaterals and ends in a free terminal arborification, as does also each collateral. The longer ascending branch after a short course in Burdach's column, passes into the postero-internal column and giving off collaterals from time to time, ends in a terminal arborification which communicates with a secondary neuron in the nucleus of the posterior column. The axis-cylinder of this secondary neuron passes on upward through the fillet, either directly to the cortex or is interrupted on its way by a tertiary neuron in the optic thalamus. The first collateral given off

by the ascending branch of the primary neuron after its bifurcation has been shown by Ramon y Cajal to pass directly through the gray substance of the cord when its free terminal ramifications come into relation with one of the large motor cells of the anterior horn. We have here the anatomical basis—the arc—for the simplest form of spinal reflex. The impulse generated in the peripheral end organs passes into the cord by the posterior root, and is conveyed by means of a collateral of the ascending branch directly to the motor cell of the anterior horn, which in turn sends a motor impulse outward by the corresponding anterior root. This is probably the path taken by all the cutaneous reflexes of the inferior limbs and trunk, as well as those other reflexes due to irritation of the muscle, the *tendon reflexes*, of which the *knee-jerk* and *ankle-clonus* are the type.

I have thus undertaken to demonstrate the anatomical basis for the more simple spinal reflexes and would now call attention to some of their clinical bearings. We must in the first place bear in mind that the secondary motor neuron, consisting of the spinal motor cell and its axis-cylinder is one of the direct agents of the will and its primary office is to excite voluntary movement; that its readiness to respond to cortical impulses is an important part of its function. There seems to be a strong probability that it is at all times somewhat under the influence of the primary neuron, as the muscle is at all times under the secondary, (as evidenced by muscular tone). This influence of the cortical cell, (or pyramidal fibre as it is generally expressed) upon the secondary neuron seems to be one of restraint or inhibition. Therefore in degenerative disease of the pyramidal cell or fibre, including all lesions of the cord interrupting their continuity, we find the restraining influence weakened or abolished and the reflexes correspondingly increased—exaggerated. The effect of voluntary effort through the upper extremities in bringing out or temporarily exaggerating the knee-jerk has been brought forward as evidence of the inhibitory influence of the pyramidal cell on

the tendon reflex. It may be that the voluntary impulse directed to the upper extremities diverts in some way nerve currents from the lower limbs, but, on the surface, it would appear to be more the result of diverting the attention and thus preventing the passage of an unconscious inhibition to the quadriceps extensor. The stimulation of antagonistic muscles which accompanies all voluntary movement may play some part in the apparent inhibitory influence of the pyramidal fibres.

While degenerative disease of the primary motor or pyramidal neuron apparently always results in the increase of the tendon reflex, the converse is not equally true and the exaggeration of the tendon reflex is thus liable to misinterpretation. Until somewhat recently the presence of ankle clonus, for instance, was considered a sure indication of organic disease. Now, it is pretty generally acknowledged that anything which lowers vitality to any considerable degree may interfere with the restraining influence of the primary neuron and thus exaggerate the tendon reflexes. So in addition to those cases in which there is degeneration of the pyramidal tracts we are liable to find the tendon reflexes exaggerated in any general weakness, either during the progress of disease or in convalescence, and in such affections as senile marasmus, cachexia of carcinoma, sarcoma, tuberculosis of bones, glands and lungs, very malignant syphilis, severe cystitis, dysentery, cholera, osteomalacia and exophthalmic goitre. Of course the mere exaggeration of the tendon reflexes in any of these cases would be of but little help in the matter of diagnosis, but it is useful to remember that even the presence of *ankle-clonus* may be accounted for many times in other ways than by the presence of organic disease of the central nervous system.

On the other hand the absence of the reflex suggests at once a break in the continuity of the arc. We have seen that the reflex arc is an extremely simple affair anatomically. A sensory neuron composed of a cell body situated in the ganglion on a posterior spinal root reaching out in two

opposite directions with its axis cylinder processes, receiving in the one an impression from peripheral end-organ, muscle or synovial membrane, while with its other it grasps the motor cell in the anterior horn. Destructive disease pressure or trumatism sufficient to suspend its function in any part of its course from the periphery to its point of contact with the motor cell or in any part of the motor segment of the arc and the reflex is abolished, or if the damage is less and function only impaired the reflex may be more or less delayed. The disappearance of the knee-jerk in the degeneration of the central process of the sensory neuron in locomotor ataxia is one of the most familiar examples. We do not yet know the path taken by various sorts of sensation, or whether or not a single axis-cylinder can convey two or more sorts of sensation. If it shall be unmistakably shown that loss of the muscular sense *alone* exists with sclerosis of the posterior columns, we shall still have to account for the tactile, temperature and painful sensations. With new and improved methods of staining in connection with carefully recorded tests of the state of various sorts of sensation we ought soon to be able to answer some of these questions.

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## ADENOID GROWTHS.

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H. H. LEAVITT, M. D.  
MINNEAPOLIS.

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The condition of the naso-pharynx in children is an important matter in their developement, and is worthy of close observation. Diseased conditions in this region often escape notice and children are allowed to suffer for years and even permanently, when early attention would have been speedily followed by relief.

The glandular growth occurring in the pharyngeal vault is a normal one. It is known under several names, Luschka's tonsil, the third tonsil and the naso-pharyngeal tonsil.

This gland is frequently hypertrophied in children and is occasionally hypertrophied in adults. In the majority of cases, this gland, like the atrophies, tonsils about the time of puberty.

Various grades of hypertrophy are met with. Occasionally the gland is so large as to fill the pharyngeal vault. Mouth breathing is a necessity in such cases; the nose is undeveloped; the glandular structure of the posterior pharyngeal mucous membrane becomes hypertrophied and can be seen by ocular inspection, as a rough, irregular, spongy-looking membrane. In the majority of cases the hypertrophied gland fills the pharyngeal vault more or less completely, obstructing the breathing to a greater or less extent and giving a peculiar twang to the voice.

The symptoms of adenoid vegetations, as this hypertrophy is usually called, are very characteristic. The facial expression is stupid, the mind is dull, the voice sounds muffled and often the patients present signs of mal-nutrition. They take cold easily, have difficulty in blowing the nose; sleep is disturbed, and a peculiar snore accompanies respiration. The ears are subject to attacks of inflammation or pain; good authorities state that one half the ear cases of childhood come from this cause.

The ear complications often lead to severe results; obstruction of the eustachian tubes, chronic middle ear, catarrh and even to labyrinthine disease.

The diagnosis of adenoids in children is usually easily made. The history of frequent colds, mouth breathing and recurrent attacks of ear troubles, would point to the nasopharynx as the probable source of difficulty. Objectively there is the undeveloped nose and the presence of granulations on the posterior pharyngeal wall. To confirm the diagnosis the fingers should be passed up behind the palate when the granulations can be felt as a tough, spongy mass, bleeding slightly from even gentle friction. In the case of older children or adults, the growths can be seen by the posterior rhinoscopic mirror.

The treatment of adenoids is both medical and surgical. In mild cases where the evidence of lymphaticism or scrofula are prominent, much relief will follow the administration of baryta carb. or calcar. iod. I have seen cases improve under baryta carb. in a few months, so that operation was rendered unnecessary. The general health should be looked after, and the nose and pharynx cleansed as much as possible with sprays and gargles.

When the glandular masses are large so that obstruction is marked and the symptoms are urgent, operative procedure are necessary. It is usually advisable to give the child an anæsthetic, though the operation can be done without it. Before giving the anæsthetic it is desirable to spray the nostrils and pharynx with an antiseptic solution. After the child is under the anæsthetic the shoulders should be elevated or the head allowed to fall over the end of the table, so that the nose will be lower than the pharynx permitting the blood to flow away from the larynx out of the nose.

With a suitable forceps and with the finger as a guide, the growth can be cut away and the pieces carried from the mouth where there will be no danger of a fragment being drawn into the larynx. The use of the fingernail as an instrument for removing adenoids is unscientific, uncleanly and cannot be too strongly condemned. After the major portion of the growth has been removed with the forceps, the curette should be used to smooth up the base of the growth. For several days after the operation the nostrils should be sprayed with an antiseptic alkaline solution two or three times daily to facilitate healing. Should there be much hemorrhage after the operation, the use of an ice-cold spray will promptly allay it.

It is usually advisable to give baryta carb. cod liver oil or other constitutional remedy at intervals for some time after the removal of the adenoids. It diminishes the tendency to lymphaticism of which adenoids are usually a symptom.

CASE 1.—Girl five years old. Hearing had been poor for

several months; had frequent colds, nose was small, and was stopped up most of the time. Her mother consulted me November 25th, 1897, when the diagnosis of adenoids was made. Four days later the child was put under chloroform, and the growth removed with the forceps. The curette was used to smooth up the base of the growth. The operation was done in the morning. After a long nap the child woke up, had some nourishment and played around in the afternoon as usual. The child breathed through the nose at once, slept well that night and in a few days could hear as well as ever and has been able to do so ever since.

CASE 2.—Young lady about 17, attending city school. Hearing poor at times; has been annoyed for several months with snapping in the ears, especially annoying during a meal. Hearing temporarily restored by the use of Politzer air bag. On examination the inferior turbinates were found hypertrophied, the pharyngeal vault was well filled with adenoids and the tonsils were found very large. The cautery was used on each lower turbinate, the adenoids were removed under cocaine and baryta carb. 5x given internally on account of the marked tendency to lymphatic growth. The ear symptoms were relieved at once and did not return for several months, when an acute attack of tonsilitis caused their return. Although the tonsils had grown much smaller under baryta carb. it seemed best to remove them. This was done December 27th, 1897, under 10 per cent. cocaine anaesthesia. Since then the ears have been perfectly comfortable and the hearing has been normal.

CASE 3.—Boy eight years old. Hearing has been poor for one year. Had measles and scarlet fever six years ago, can hear a forced whisper at four feet, the watch at four inches with the right ear and ten inches with the left. The use of the air bag brought the hearing for the whisper to twenty feet for each ear. The pharyngeal vault was found to be filled with adenoids. On February 8th '98, the boy was given chloroform and the adenoids were removed with

forceps and curette; February 11th, hears forced whispers at ten feet, breaths through nose nicely; February 15th hears whisper at seventeen feet. In a few days more his hearing will probably be nearly or quite normal.

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## SUGGESTIONS RELATING TO THE TREATMENT OF SUBINVOLUTION AND ENDOMETRITIS.

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J. B. WHEELOCK, M. D.

GOOD THUNDER, MINN.

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In taking up such an old and threadbare subject before this convention, I shall not enter into the details, relating to the pathological changes taking place in such diseases, for you are all familiar with them; but I shall direct my efforts to the causes of such troubles, and then briefly to the cure. From the very first history of homœopathy, down to the present time, all writers of any note upon the subject, dwell quite at length upon the necessity of searching out the cause of the disease, with the injunction, that when once found and removed, the disease itself will cease to manifest. This we demonstrate very forcibly in many cases, and it is generally admitted to be true, and if we fail in some cases to cure the disease, with which the patient is suffering, we are frank to admit, that we have failed to find cause, or having found the cause, are unable to remove it. We all accept the theory, that disease of any form produced through certain environments, or occupation of the individual, will return after having been removed or cured, unless the person seeks other employment or climate: in other words, what has caused the disease at one time, will cause it again, and the only certainty of freedom from the trouble, will be to avoid the cause. I have known many in discussing the subject under consideration, to take the stand that the one great drawback, in the cure of these conditions, was the fact that the woman, must every month

pass through a physiological condition, called menstruation, and that fact alone, kept the organ in a state of congestion, and for that reason, a cure was retarded and made difficult. If you will pardon my audacity for the moment, I shall take issue with this reasoning, and assert that a physiological function of the body, when in a normal condition, will not interfere with the curing of disease located there, especially if no mechanical irritation occurs.

Instead of the normal action in this case, interfering with the cure, I hold that it will facilitate it, if aided in its function by simple means.

Unfortunately for me in assuming this position, the grave fact arises that not one woman in ten passes through a normal action at this period, and therefore we have a diseased function of those organs to contend with at the outset. This is verified in hundreds of cases, by the dysmenorrhœas and menorrhagias that affect a large majority of women, which in itself asserts the fact that we have a deranged menstrual function, prior to the onset of the disease. No woman can be said to have a perfectly natural monthly nisus, unless said period or nisus, comes and goes without pain or disturbance, and with no interference of daily pursuits.

In subinvolution particularly, we know that the diseased condition, is the failure of that organ to return to its normal size, and that the absorptive process, has for some reason been interrupted, and the consequence is an overloaded organ, and also overweight, this of course being the great factor in the bearing down, and prolapse so common in such cases.

In endometritis, while we do not have the overweight so prominent, we do have the engorged condition, and consequently the prolapse that follows.

Now let us hunt for the causes in such cases, and see if it be possible to remove them, and cure the disease. We will return to the injunction in the first part of this paper and recall that in order to cure, we must remove the cause, and that a repetition of the cause will produce the disease again.

How many there are, that find it almost impossible to cure these troubles, for they keep recurring as often as cured, and finally your patient gives up in disgust, and makes the most of her ills, or is satisfied to remain half way cured, and lives the best she may, hoping that at the climacteric the long sought for relief may come. In many, it does come, if the inflammatory condition has not extended to other parts, and caused adhesions, but alas, too many are doomed to disappointment, and never see a well day after the occurrence of such troubles.

In seeking the cause we must admit, that no one factor alone is responsible for these conditions, but must consider many; the one I shall lay most stress upon, and the one that I believe is primarily responsible for the greater number of the cases, is that great destroyer of human happiness sensualism. Too early indulgence after confinement, and also after menstruation, I believe to be responsible for more than one-half of all the cases that occur in our practice, if we leave out those resulting from lacerations in confinement. The best pathologists I think agree, that the period required for the return of the uterus to its normal size after confinement, allowing that all parts are in a normal state, is eight weeks. Now consider the results upon this body, of the nervous excitation, and the physiological congestion that arises from such acts, and you will see at once the great drawback, that presents itself in the cure of such cases, especially when you consider the fact, that some cases do not go twenty-four hours before such conditions are forced upon them. I have taken pains to investigate a number of such cases, concerning this indulgence after confinement, and found that ninety per cent of such cases, did not go over four weeks, and the majority of them not two weeks, and many of them not two days. Think of such a condition as this prevailing, while that congested and overloaded condition of the uterus exists, and can you then wonder that women suffer from such afflictions?

In relation to the menstrual function, no suggestions that I know of are cited, as to the proper period to elapse before

indulgence, but it ought to be evident to every one, that if it occur before the throwing off is complete, it must naturally interfere with the proper return of those organs to their normal condition. Who is there among us, that has treated such cases but knows the more rapid progress made in the treatment of such troubles, when the woman comes from abroad, and is left to her own pleasure in such matters. I assert that it is our duty as physicians, to instruct our patients in such matters, and see that they have a full understanding of the conditions existing at those periods, that they will at least know the consequences, and in so knowing be informed as to the results of their acts. The old adage is as true to-day as ever, that "the mind moulds the man, and makes him what it wills," and we have discharged our duty to our patients incompletely, unless we set before them the facts relating to such processes. If we are conscientious workers, we do not leave our task half done, and content ourselves by correcting some of the physical deformities of life, leaving the mind ignorant as to the cause, but we reach out to the controlling power, the mind, and appeal to that, to protect the body in which it is enshrined, and live to higher purposes than the gratification of physical senses.

In considering the treatment of these cases, first and foremost I consider it a physician's duty, to give their patients proper instruction relative to the abuse of these functions, at this period; and in that way, many times, an ounce of prevention is worth a pound of cure, and many a life may be spared long years of misery, and at the same time improved in mind as well as body. Scarcely any of our patients are so lost to the happiness of themselves and family, but that kind words and careful instruction, will eventually cause them to avoid many of the ills incident to these transgressions, and our kindly advise should not stop short of reaching the head of the household, and cause him to reason, if not to obey. Regarding the mechanical treatment of these diseases, nothing I have ever tried equals the use of the galvanic current, almost to the point of cauterization of the softened and diseased tissues. For the intra-uterine

electrode, I use one of my own manufacture, made from the best copper wire; and I know that patients will stand a much stronger current through this electrode, than through any of the harder metals. The corroding action that takes place in connection with the copper, seems to favor absorption very markedly, and I think produces results where other electrodes would fail. Internally I always use the negative pole, unless there be a condition where the menstrual flow is too abundant, and then a few moments application of the positive pole, will prevent this condition. I usually follow the application of the electrode with a thorough wiping out of the uterine cavity, using Sharp and Smith's slender intra-uterine applicating forceps, with anti-septic cotton, and I sometimes apply iodized-phenol to the inner surface, more particularly in cases of endometritis. This is followed with the boro-glyceride tampon sometimes using in connection non-alcoholic calendula. In subinvolution I also use the primary faradic current with the cup electrode to the cervix, and the other upon the abdomen over the fundus, which is the usual place in all treatments. I have not failed to give relief, and many times absolutely cure such cases, especially if instructions are followed in relation to the marital relations, and I know that you will find by observation, that this feature of the treatment is one of the greatest importance. As to the therapeutics, I will leave each one to select the indicated remedy, and I am confident, that with faithful application of these principles, success will follow in most every case.

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#### CAN STUTTERING BE RELIEVED.

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JOANNA D. CRAWFORD, M. D.  
MINNEAPOLIS, MINN.

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My attention has recently been called to this subject by a patient—a girl ten years of age—who has stuttered since early childhood. She has had to leave school on this ac-

count, and her condition is truly pitiable. The intensity of the spasm is painful to behold, and is of course greatly aggravated by mismanagement. She has a neurotic inheritance on her father's side, but has exhibited nothing herself except this lack of co-ordination in the speech producing fibers.

The literature on stuttering is abundant, much of it being old and rank. It dates back to Plutarch, and in the main deals with the malady as a local defect. Some authors hold that it is due to organic disease or faulty position of the tongue. Others claim that impeded respiration is alone responsible for the inability to articulate; while others again make a tetanic spasm of both the vocal and respiratory muscles. Chegoin laid the trouble entirely to a shortness of the tongue, or elongation of the frenum. Arndt claimed that the whole difficulty was due to spasmodic closure of the glottis.

In the first half of this century, theories concerning the cause had become numerous and confused, and as a consequence the treatment was varied and presumptuous. Surgery came forward with high sounding claims, operating according to the supposed cause of the difficulty, taking out a section of the tongue at the root or through the whole length, or severing some of the glossal nerves. These operations proved to be entire failures, except as they arrested spasmodic action for a time by their effect upon the nervous system. Many deaths resulted from hemorrhage and sloughing, and as, those that recovered, soon relapsed into the old habit, surgical interference became unpopular and was finally abandoned.

It was not until the beginning of the last half of the present century, that the true cause of this affection was definitely understood. Upson defines it as a disturbance of the co-ordinating mechanism of speech, due to abnormal excitability of the primary system or weakness of the inhibiting center governing articulation. The result is an over action of the muscles innervated and transmission of the impulse to other muscles more or less distant. The

attempts of the patient to overcome the spasm only serve to intensify it until the controlling center resumes its function or the patient ceases the effort to speak.

Several facts tend to show that the trouble is adynamic. Persons sometimes stutter when exhausted or during sickness, who do not otherwise; and stutterers are often, though not always, of a weak or scrofulous constitution. The disturbance of equilibrium between the centers is often the result of an inherited tendency. It may also follow severe illness, fright or any shock of the nervous system. In such cases the trouble may disappear when the depressing influence ceases, or may persist for a long time or through life.

Men form the larger proportion of those afflicted with this malady. Some authors claiming that women never stutter. The case mentioned in this article, shows that such a statement is not correct. The Chinese are the only race and nation said to be entirely exempt.

The treatment can not successfully follow any set rules, but must be adapted to each individual case according to disposition or constitutional condition. The intensity of the disturbance depends much on the management and surroundings of the patient, anything like ridicule or punishment aggravating it tenfold. The stutterer should be instructed to immediately cease all efforts to articulate as soon as the spasm sets in. He should not be looked at directly when spoken to. He should receive cheerful encouragement and be inspired with confidence in his teachers and associates. Any derangements of the system, functional or organic, as far as possible, should be removed. The more perfect the general health, the more chance for improvement.

Most of the different methods of relief, though based on an erroneous cause, possess some merit and should be tried one after another in obstinate cases.

Mrs. Leigh's treatment of raising the tip of the tongue and holding it in position while speaking, has the advantage, at least, of fixing the attention of the patient on a mechanical action. Anything that draws the mind from

the disturbance of the nerve center may relieve the spasm. Rythmical movements admirably answer this purpose. It is a well known fact that stutterers can always carry a tune. Beating time has much the same effect in bringing the deranged co-ordinating mechanism into harmony. The patient should be instructed to keep up, while talking, a time movement with the thumb and finger or even the toes. Persistent and regular practice on the vowel and consonant sounds, increases and controls the vocalizing power and gives confidence to the mechanism of speech. Respiratory gymnastics are highly recommended; deep breathing at frequent intervals. The patient should never attempt to talk without first filling his lungs. More than all he should be kept from the company of stutterers and made to forget as much as possible his unfortunate affection.

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## OBITUARY.

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On April 17th, Dr. Henry N. Avery, Commissioner of Health, for the City of Minneapolis, was found dead in his bed at a hotel in Forman, N. D., where he was temporarily, for a period of rest.

Dr. Avery was born at Clinton, N. Y., April 30, 1838. After the war of the rebellion, in which he took an active part, he was assistant chemist in the New York Custom House. He completed his medical studies, interrupted by the war, in 1867, graduating from the New York Homœopathic Medical College in 1867 in which institution he later was professor of physiology for two years. He practiced his profession in Poughkeepsie and Morristown, N. Y.

Moving west in 1873, he located at Winona, Minn., later removing to Galesville, Wis., and in 1883 he came to Minneapolis, where for the past three years he has held the position of Commissioner of Health—being the head of the Health Department of the city, which position he has filled more than acceptably. He originated the idea of having public baths at Lake Calhoun, also many other ideas and plans tending to elevate and improve the health of the city. He

was a member of Hennepin Lodge, No. 4, of the Masonic fraternity which organization had charge of his funeral—and also of the G. A. R., Odd Fellows, Red Men, etc. etc.

Dr. Avery left a widow and eight children; seven boys and one girl.

Resolutions of respect to his memory and condolence with the bereaved family were adopted by the Minneapolis Homœopathic Medical Club.

H. C.

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## CORRESPONDENCE.

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### THE MINNESOTA STATE INSTITUTE.

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The thirty-second annual session of the Minnesota State Homœopathic Institute has departed in a halo of glory(?) The session was attended as well as the average, the papers were better than the average; and the only thing that can be said against the gathering is the lack of enthusiasm, the lack of attendance by the homœopathic physicians of the Twin Cities. This same thing is true of all state societies when held, in a large city—it is always the case in Chicago, St. Louis, etc. and must be because the homœopathists are too busy; however that was not the case, Minneapolis during May is always a quiet healthy month and physicians generally are not busy during that time. One reason why more of the local physicians did not turn out was undoubtedly because there was no political pot boiling, no scrap was on, and consequently the attendance was light. Many very able papers were presented particularly those by the professors from the State Agricultural College, on Human Digestion Experiments by Prof. Harry Snider, chemist of the college, and "Bovine Tuberculosis" by Prof. M.H. Reynolds, the veterinarian of the college—able men and pleasing writers. Some amendments relating to officer's duties were introduced. Resolutions thanking Governor Clough for the appointments of Drs. W. H. Caine and A. B. Cole as surgeons in the National Guard, were adopted; also a series of resolutions urging congress to grant Dr. R. B. Leach an oppor-

tunity to put into practice his arsenization theories; and another set of resolutions looking to the appointment of homeopathists in the Army and Navy Medical Corps.

The secretary received many compliments upon the beauty of the program sent out this year. The Minneapolis contingent did the honors at a well-attended and thoroughly enjoyed banquet on the second evening of the session, at which President Lowe delivered a very able address.

C. H.

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#### WISCONSIN'S STATE SOCIETY.

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The "Northwestern Line" that "best of all", carried your correspondent to the City of Milwaukee, on May 25th, for the thirty-fourth annual meeting of the Wisconsin Homeopathic Medical Society which held a two-day's session in the parlors of the Plankinton on May 25th and 26th last.

There was a goodly number of bright and shining lights from Chicago, and with the regular attendants from Wisconsin we can assuredly say that this year's meeting was a success. President F. P. Stiles, was a good presiding officer, Dr. Filip A. Forsbeck, an excellent secretary. The various chairmen had prepared a veritable feast of reason and flow of soul, and all in attendance must have been satisfied at being present. A most enjoyable banquet was given on the evening of the first day, at which the officers, members and visitors vied in their attempts to see which could say the most complimentary things of the other—the toast to the Country Doctor, responded to by Dr. F. P. Stiles, of Sparta, who is pension examiner and health officer of that city, was as follows:

"In as much as the country doctor belongs to a somewhat different order from the city genus, it is manifestly proper that his chronicle should be writ by one of him. He is necessarily a somewhat busy man, and consequently is sometimes as hard to find as a Spanish Armada. Some people, who live in walled cities and don't know, may question his usefulness. To such I would say,—verily the country doctor is

more essential to the welfare of society than is "the French language to the American bill of fare. He devotes himself to the relief of the woes of his fellow man, sometimes for a consideration. He goeth forth in the gray of the morning full of energy and benevolence, and returneth in the gloaming full of faith, hope and charity, (accent on charity), and is greeted by his faithful wife with the announcement that Simon Peterson's wife's mother, away over on the stage, is sick of a fever; and by the heir to his bottles and uncollected accounts with a demand for a half 'shovel' of silver with which to purchase "electric cycle oil". He eateth his supper (for behold the country doctor eateth his dinner at noon as did the Patriarchs and Prophets,) he eateth his supper I say; in peace, and promiseth to go 'dat' to Simon's after, and giveth up his silver to his first born.

He toileth with ceaseless industry, and taketh his pay in oats, eggs and evanescent gratitide, and giveth his old clothes to his hired man; for he knoweth how sharper than a serpent's tooth it is to have an ungrateful employer. He weepeth with them that weep, and rejoiceth with them that rejoice, and maketh no extra charge for twins. At 'Mollie' he drinketh milk with them that drink milk; after 'Mollie' he drinketh ginger ale with them that drink gin, and his breath remaineth as frankincense and myrrh mingled with the attar of roses. He knoweth the way of the "speculist, yet is he not of them; and some of the "ecclomies" and "obomies" reported, are to him as a tickling cymbal, and as sounding brass, and some alleged results events a tale that is told; peradventure, to the marines; God bless them. Yet, perchance, in the early morning he taketh out an eye or a tooth; and at midday repaireth the man who hath been extracted from the hungry threshing machine, and at eventide he fashioneth a splint with a jack knife, and in the silent watches of the night doeth a podalic version, and when he goeth home he leaveth them, like the ostriches on the midway, "all alive, yea every one alive". Then as he rideth beneath the twinkling stars and beside the twinkling waters, while the night bird gently calls, "His busy

brain rattleth not loosely in its calvarium, for if he be for a time free from the burden of his responsibilities, he com poseth reams of exquisite poetry, yet publisheth he no line thereof, and the teeming millions of the children of men, pass on unheeding and never knowing what they have escaped.

Birds of a feather, as you know, are gregarious, and in order that he may mingle with his kind, he, once in each year, girdeth up his loins and betaketh him to the city, where he lendeth not his money to strangers, and where with consummate skill and grace, he dodgeth the wiley trolley car; and while his wife bloweth in his shekels, yea talents, at the bargain counter, and buyeth a \$4.00 gown for \$11.98, he sitteth at the feet of his erudite urban colleague and with bated breath, listeneth to his words of wisdom, and he seemeth to himself like a child playing on the sea shore, picking up here and there a curious stone or pretty pebble, while the boundless ocean of truth lieth undiscovered before him; and he boweth his head in humility. Then he riseth up and goeth home, and burneth yet more midnight oil, too often alas, in a "tubular lantern" on his dash board.

He buyeth much books and searcheth them diligently for jewels of science, and refuseth to be comforted because no man maketh a really good index. He liveth on terms of intimacy and friendship with his conscience, and loveth his neighbor as himself, yet tradeth he not horses with his patron, for he knoweth a horse from a haystack, and tradeth not for his health. He tempereth his bills to the shorn lamb; said lamb having "coughed up" a goodly fleece when he went to the city to consult one of the Magi.

And when the almond tree flourisheth and the grass hopper becometh a burden, he turneth his thoughts to other things and endeavoreth to raise the earliest tomatoes and biggest cucumbers in town, and when the untimely frost killeth them, he seeketh the seclusion which the wood shed granteth, and sayeth with the preacher, "vanity of vanities, all is vanity."

And when the silver cord is loosened and the pitcher is

broken at the fountain, and while the mourners go about the streets, he goeth to his long home, unhonored and unsung, where he wasteth no time in fruitless search for his city colleague, but is greeted by his erstwhile patients, and possibly some mistakes, and together they wander down the stately corridors of the infinite, and in unison lift up their glad voices in harmonious antistrophe to the majestic music of the spheres. Surely goodness and mercy shall follow him all the days of his life, and he shall dwell in the house of the Lord forever.

To be a country doctor is to struggle manfully, alone, and at disadvantage against the world, the flesh and the unholy ptomaines of pathologic bacteria. To have been a country doctor is, like virtue, its own reward. Who would not be a country doctor?

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#### THE MODEST DOCTOR.

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Modesty is generally supposed to be an innate trait of medical men. It is becoming painfully evident, however, that not all of the profession can boast of this redeeming virtue. We have been amused at the innocent manner in which one well known to us all, has quietly induced practically all of our journals to publish a harmless looking article made up of sesquipedalian sentences and tremendously profound reflections concerning hair-splitting definitions, and accompanied by a foot note reference to "my little book", etc. The cleverness of this advertising is seldom exceeded. It compels admiration, as does the editor who reviews his own works in the columns of his own journal, to his own very evident satisfaction. Truly, the modest doctor is becoming obsolete. In these days one must not hide his light under a bushel; indeed, he must not only remove the latter with his own hands, but furnish with his own lungs the requisite wind to fan his own feeble spark into a vigorous blaze. This appears to be the up to date method.

H. D.

MINNEAPOLIS  
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HENRY C. ALDRICH, M. D., EDITOR.

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EDITORIAL

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THE TREATMENT OF TYPHOID FEVER.

There are very few drugs that have not, at one time and another, been prescribed in typhoid fever. There are very few physicians who have not drifted into a routine treatment of this disease from which they find it difficult to escape. Nearly every doctor, too, has private statistics supporting his pet methods. There is an occasional bulletin, however, and one such luminary blazes forth in a recent issue of the *Medical Summary*.

This particular practitioner goes on to state that in the Fall of 1891, he treated 100 cases with but one death; but he says further, that "I was not elated by my success, for in the Fall of 1895, I treated 25 cases with five deaths; and my treatment of 1891 was of no avail in these cases." Under the circumstances, one can scarcely blame the doctor for not feeling overjoyed at this evidence of progress on his part. Nor can we wonder, perhaps, that the only conclusion

sion he can deduce therefrom, is that this disease is of different types at different times, and that the sauer kraut that helps to-day's Dutchman, may kill to-morrow's Irishman. It is hard to see how he could think otherwise and preserve his self-respect. And since he has made so public a confession, we should not deal harshly with him.

There is much of interest in what our very candid friend says of a case in which he "endeavored to demonstrate the efficacy of the antiseptic treatment." The patient was taken with severe chills, and on the following day went to bed, exhibiting a morning and evening temperature of 104-105° respectively. The doctor ordered the following:

Hydrarg. chlor. mit.....	gr. j.
Thymol.....	gr. j.
Menthol.....	gr. i. j.
Guaiacol .....	gr. i. j.
Eucalyptol.....	gtt. v.

M., Ft. cap. no. XVI. Sig. One every two hours.

In addition to this he prescribed:

Thymol.....	grs. iiiss.
Hydronaphthol .....	grs. iiiss.
Saponis medicinal.....	q. s.

M., Ft. cap. no. VI. Sig. One every three hours.

Beside which he saw fit to give:

Strychnine sulph.....	gr. ss.
Acid hydrochloric. dilut.....	zx
Elixir pepsin,.....	zj.
Syr. simp,.....	q. s. ziv.

M., Sig. Teaspoonful every four hours.

All this he used, together with cold baths to control the temperature, during the first week. At the end of that time, "still observing the toxic poisoning as manifested in dry and parched tongue," he stopped the thymol capsules and gave, "for its systemic effect", the following:

Guaiacol carb.....	z i.j.
Thymol.....	gr. xv.
Menthol.....	gr. xv.
Eucalyptol.....	z. iiiss.

Zinc sulpho-carb.	.....	gr. xxxij
Tr. Baptisia	.....	zv
Glycerin.	.....	ziv
Alcohol.	.....	q. s

M. Sig. One drachm every three hours.

This simple, but scientific little mixture apparently produced the desired "systemic effect" for another week; but at the end of that time, the tongue being "dark brown, dry, and covered with sordes, and abdomen tympanitic," our friend substituted:

Salol.....	.....	ziss
Tr. Iodine.....	.....	ziss
Ol. terebinth....	.....	zv
Aqua menth. pip.....	.....	zj
Muc. acaciæ.....	.....	q. s. ziv

Sig. One drachm every three hours.

All was now going well. "The turpentine soon began to manifest its beneficial effects, the tongue began to clean and the tympanitis subsided." One can well imagine the doctor's satisfaction at this evidence of his skill as a prescriber. Unfortunately, however, "at the end of the third week the patient died from exhaustion." This was rather a painful incident, but so long as the physician survived we should not be hypercritical. We should be thankful that after evolving so many shot-gun prescriptions he did not share the exhaustion of his patient.

It is highly probable that in the treatment of this particular disease, each physician will continue to be a law unto himself. The pendulum will continue to swing between heroic measures and practical therapeutic nihilism. Each method will always have its advocates. Meanwhile the patient must take his chances. If he be reasonably robust he may be able to withstand any treatment his attending physician may give him. It may be impossible to even antisepsitize him to the point of exhaustion. Let the public be of good courage. The *vis medicatrix naturæ* is still on their side, and there are times when even the most meddlesome medical practice cannot prevail against it.

**EDITORIALETTES.****"ARSENIZATION".**

We note with regret that some of our homœopathic exchanges are either luke warm or entirely lacking in their support of Dr. R. B. Leach, of St. Paul, formerly of Paris, Texas, in his efforts to attain a position where he can prove or disprove the possibility of the benefits to be derived by his arsenization of humans as a preventive of asiatic cholera and yellow fever. Our school and its journals will sit idly by and not raise a dissenting voice when soldiers and sailors are compelled to have their bodies inflicted with the infection of dessicated blood, urine, or feces from a yellow fever case—but when Dr. Leach memorializes Congress, as he has succeeded in doing through Senator Davis of Minnesota, and asks for the opportunity of testing on soldiers and sailors *who are willing*, his theory of immunization by arsenization they say: "As neither cholera nor arsenic affect all organisms alike, therefore the drug cannot be an invariable prophylactic." We are glad to say that the Minnesota Homœopathists feel differently, and in the interests of Dr. Leach their State Institute at its last session adopted resolutions urging upon Congress the advisability of testing this theory and of giving its author a position where he can readily secure sufficient volunteers for a satisfactory trial of the same.

The crusade in behalf of homœopathists as candidates for the positions of surgeons in the Medical Corps of the Army and Navy, has assumed quite respectable proportions. The Homœopathic Society of Germantown, Pa., set the ball rolling by a set of resolutions. The Inter-State Committee of the American Institute has taken up the matter. Dr. Benj. F. Bailey, of Lincoln Nebraska, through Governor Holcomb and U. S. Senator Allen of that state, secured the introduction of S. F. No. 164, a resolution prohibiting discrimination against homœopathists and adding a penalty

clause. The Minnesota State Homeopathic Institute has passed resolutions urging the adoption of the same. Wisconsin has done as well, and our journals generally are also taking up the refrain.

"The loyalty of homeopathists to the American Institute has, to our mind, seemed something of an unknown quantity when we note the fact that there are less than 3,000 members out of the 14,000 practitioners. We feel positive that in the west the loyalty is stronger than in the east, and confidently look for a larger attendance at Omaha, than was recorded at Buffalo, Detroit, or Newport, all localities within easy reach of the large centers of homœopathy and all comparatively poorly attended.

Hahnemann College of Philadelphia, Pa., on the 12th day of May, celebrated its jubilee commencement, the conclusion of its fiftieth year of work. A magnificent gathering there was too; over 500 of its alumni sat at the table that evening; and further a conference of college makers listened to a series of articles and papers dealing with the many phases of the instruction of the embryo M. D. and particularly how to teach the specialties so as to make him a competent general practitioner. We congratulate our Alma Mater on her splendid record, and upon the magnificent record of her alumni whose names can be found on the faculty lists of all the other colleges. She is well deserving of the name, "Mother of Colleges."

The Inter-State Committee of the American Institute, has begun the effort at organization of the various State Societies in the line of possible benefits to our school—a most praiseworthy work indeed, and in that direction a harmonizing of the conflicting state laws governing medical licenses should be attempted, and we feel confident that it will be successful.

Success to the Inter-State Committee.

**WISCONSIN'S STATE SOCIETY.**

*Continued from page 180.*

Drs. Carlson and Forsbeck gave a carriage ride to quite a number, showing them the advantages of their sanatorium, in which they treat all lung affections by the Pulmo-chemic system with marvelous results; a feature which has not been exploited is the fact that all sorts of surgical cases are treated in the institution as well, without the slightest danger of infection. The following were elected officers for the ensuing year:

President, A. R. F. Grob, Secretary, Filip A. Forsbeck, Treasurer, Evelyn Hœhne, Milwaukee. The chairmen of the various bureaus were announced as follows:

Materia Medica, Dr. Barndt, Delevan; Pediatrics, E. D. Perkins, Ashland; Surgery, O. O. Sutherland, Janesville; Clinical Medicine, Harvey B. Dale, Oshkosh; Ophthal. Otol. and Laryngo., E. Everett, Madison; Gynecology, L. A. Bishopp, Fond du Lac; Obstetrics, M. L. Ewing, Evansville; bringing to a fitting close one of the most enjoyable and best meetings of the society.

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**BOOKS.**

**HANDBOOK ON THE DISEASES OF THE HEART AND THEIR TREATMENT.** By THOS. C. DUNCAN, M.D. Ph. D. LL. D. Prof. Gen'l. Medicine and Diseases of the Chest, National Medical College, Chicago. Publishers, Halsey Bros. Co. Chicago, 1898.

This little brochure of 114 pages, is from the pen of a well known writer who has written in an instructive way, giving first a Clinical Outline, then touching on Heart Diseases—Physical Signs of the same, then Functional Heart diseases, Inflammatory Diseases of the Heart, Structural Diseases of the Heart, Valvular Diseases of the Blood Vessels, then Heart Therapeutics; after this, Dietetic and Hygienic Suggestions, following which he cites cases,

describes instruments used in examining the heart, and a fine index closes the volume which all in all is pleasant reading and instructive.

BRITISH COLONIAL AND CONTINENTAL HOMOEOPATHIC MEDICAL DIRECTORY. 1898. Edited by a member of the British Homœopathic Society and Dr. Alexander Villers. London Homœopathic Publishing Co., 12 Warwick Lane, Pater Noster Row, E. C. Price 50c.

This little volume has been prepared fully up to date by leading homœopathists in each country named, and should be in the hands of all homœopathists, particularly those going abroad or sending patients abroad. For they may need medical attention and should know to whom to go for proper care. The death from typhoid in Italy last year, of our lamented friend Dr. Dunn, of Chicago, is a case in point, he having died under allopathic care at Naples; not knowing there was a homœopathist in the city.

CLIMATOGRAPHY OF THE SALT RIVER VALLEY REGION OF ARIZONA, THE LAND OF HEALTH AND SUNSHINE. By Wm. LAWRENCE WOODRUFF, M. D. of Phoenix, Arizona. R. R. Donnelly Sons & Co. Chicago. 1898. Paper 25c, cloth 50c.

This little booklet is a reprint of a series of articles by the author which were read before the American Institute of Homœopathy and other societies, or appeared in the journals of our school; with other valuable data on the subject.

The first number of the *Homœopathic Journal of Surgery* has reached our table, and it certainly stands at the head of its class, not only in regard to subject matter, but also in style, make-up and appearance. Dr. C. E. Fisher and homœopathy are both to be congratulated.

The *Ladies Home Journal* comes to our table well filled with matters of interest. The architectural topics, the hints upon interior decoration, and the cooking department under the charge of Mrs. Roreo, are all features that go to make it invaluable.

## NEWS AND NOTES.

### AMERICAN INSTITUTE OF HOMEOPATHY.

The A. I. H. meets June 24th to 30th, at the Creighton Medical College.

Stop while in Omaha at the New Murray Hotel. E. Silloway, manager. Send a postal and have a room reserved.

Go to Omaha via the "North Western Line."

Send to Dr. H. C. Aldrich, Minneapolis, for application blanks and join the A. I. H.

Don't forget the Critique excursion to Salt Lake City; see or write Dr. J. Wylie Anderson, Denver.

Dr. O. K. Richardson of Minneapolis, was married on May 19th last, to Dr. Florence Amidon, at the home of her parents in Sturgis, Michigan. We know that all the readers of the MAGAZINE will join us in extending congratulations.

Dr. M. P. Austin of Minneapolis, has so far recovered from his attack of inflammatory rheumatism as to go to Mt. Clemens, Michigan, for the baths and water.

Dr. J. Howard Smith has removed from Groton, to Huron, South Dakota.

Dr. Emma D. Stevenson died recently at her home in Huron, S. D., of tuberculosis, aged 56 years. She was a graduate of Hahnemann, Chicago, 1874, and practiced in Dixon, Illinois for years, removing to Huron in the fall of 1897. She was beloved by all who knew her.

Dr. Wm. Bray, of Dubuque, Iowa, has new and commodious offices at Ninth and Iowa Streets in that city.

Dr. S.M. Rinehart is city poor physician at Allegheny, Pa.

Dr. W. Peters is physician to the Orphan's Home at Lancaster, Ohio.

At the April session of the State Medical Examining Board, licenses were issued to Drs. Walter V. Hanscom and Emma A. Keeney of Austin, Minn.

Drs. W. H. Caine of Minneapolis, and A. B. Cole, of Fergus Falls, have been appointed as surgeons in the 12th and 14th regiments of volunteers just raised in Minnesota. Homœopathy thus has two out of the nine surgeons.

Harlow S. Roby of class 1901, Hahnemann, Chicago, has enlisted in the Hospital Corps, Co. L., First Wisconsin Volunteers. Dr. E. H. Grannis, of Menominee, Wisconsin, has been appointed assistant surgeon with rank of captain with one of the Wisconsin regiments.

Dr. Joseph T. Cook, of Buffalo, N. Y., has been appointed medical examiner of the Penn. Mutual Life Ins. Co.

Dr. A. R. Wright of Buffalo, N. Y., recently suffered from a fractured rib and severe wrenching of the back, being thrown from his carriage, but has fully recovered.

Dr. E. E. Beckett, formerly of Seattle, Washington, is in the Alaska gold fields.

Dr. E. Weldon Young, of Seattle, Washington, is colonel and surgeon general of the Washington Brigade, U. R. K. P.

Dr. O. S. Runnels of Indianapolis, Indiana, has a fine private surgical hospital with thirty beds.

Dr. H. R. Diessner, of Waconia, Minn., class of '83, Hahnemann of Chicago, has been appointed postmaster of his city by President McKinley.

Dr. A. P. Williamson, Dayton Building, Minneapolis, announces that he has changed his afternoon hours to 3 to 5 o'clock.

Dr. Asa. F. Goodrich of St. Paul, has been elected to the chair of Skin and Genito-urinary Diseases, in the College of Homœopathic Medicine and Surgery, Medical Department, University of Minnesota.

We are informed that Dr. F. F. Casseday, of Minneapolis, has retired from practice, having accepted a position as land agent for the Wisconsin Central Rail Road.

Dr. S. N. Watson, of Iowa City, Ia., is assistant professor of clinical medicine and lecturer on dermatology at the Homœopathic College, Iowa University.

# MINNEAPOLIS HOMEOPATHIC MAGAZINE.

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VOL. VII.

JULY, 1898.

No. 7

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## ORIGINAL ARTICLES.

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### THERAPEUTIC RANGE OF STATIC ELECTRICITY.

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A. P. WILLIAMSON, M. D.

MINNEAPOLIS, MINN.

PROF. OF MENTAL AND NERVOUS DISEASES, UNIV. OF MINNESOTA.

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The static current is not as well known by the medical profession as either the galvanic or faradic, and therefore its value has been greatly underestimated by general practitioners. The apparatus from which the current flows is large, cumbersome and expensive, and does not find place in a physician's office as often as the chemical batteries which do not have these disadvantages. Those who are fortunate enough to possess a good static machine, know how often it aids them in making cures where other means have failed, and within its realm how prompt and surely it relieves.

It is not necessary to enter into a description of the static battery as you are all acquainted with its appearance. The current is applied by four methods, practically: The breeze, the bath, sparks and induced. The other methods in use are modifications of these. In all instances the patient is placed on a wooden platform which is insulated from the attraction of the earth by glass feet.

The breeze is applied by attaching one pole of the battery to the platform, and the other to an electrode, which is crown shaped and hangs just over the patient's head.

The static bath is given by attaching one of the electrodes to the platform, and the other to the earth.

If sparks are to be applied to the person, one pole is fastened to the platform, and the other to an electrode held by the operator. The electrodes terminate in various sized and shaped ends, thereby permitting the application of different lengths of sparks according to the wishes of the operator.

The static induced current is obtained by connecting two cords, like those used on galvanic batteries, excepting that they have handles to the leyden jars, which hang on the machine. This current resembles the faradic current very much. Its force is regulated by the distance the poles of the battery are separated.

The static is dissimilar from every other current principally from the fact that the patient is insulated from the influence of the earth's magnetism and he is covered with electricity. This is one of the oldest methods of obtaining an electric current, and yet it is one of the least commonly used. It cannot supplant, in popular esteem, the galvanic for many reasons, but it has a field of usefulness where galvanism cannot compete with it. Even its detractors admit its usefulness in hysteria, neurasthenia, and anaemia, but gradually its potency is being acknowledged in a larger range of diseases, and its beneficent effect is being shown in an immense variety of human ills. In cases of melancholia it has a wonderfully curative effect. Depressed patients treated by it rise from the platform with an improved color in their faces, renewed strength, and a determination to take up life's burden, "free from the chains of dark melancholy." In hypochondriasis and chronic melancholia, it relieves the sleeplessness, improves the general health and thins the dark clouds by which the patient is surrounded. Few remedies give such prompt and uniform relief from the terrors of insomnia. It woos "nature's sweet restorer" in a pleasant, gentle, and normal manner. It has

received the benedictions of many rescued ones. In rheumatism, particularly the muscular variety, good generous sparks cure promptly. They start up healthy circulation in the painful part, which is usually followed by entire relief from the agony. It is especially a boon in that aggravating form called lumbago.

In the deformities following anterior polio-myelitis, this current should always be given an opportunity to tone up the paralyzed and flaccid muscles before surgical aid is invoked. When muscles are cut off from their nerve supply by other spinal diseases, it will keep them healthy while the injured fibre is being regenerated. It also finds a useful field in restoring sensation in parts which have suffered from neuritis and been left numb or anaesthetic.

We will present to you from our note book, some cases treated within the past two years, which will serve to emphasize our statements.

No. 1. Acute melancholia. Male, age 54, married; farmer. Father died from rheumatism at 71, mother of old age at 86. An older brother and an older sister died from consumption and another older sister died from cancer. Third attack. Duration, six or eight months. General condition weak. Present weight 120 pounds, usual weight 140. Mentally, is much depressed and weighed down by fears of various kinds. Has a horror of entering into a large building; cannot stay in a small or dark room, because of a terrible fear that he will suffocate. In the morning does not want to talk and is suspicious of everyone; later is more sociable but always wishes to be alone and out of doors. States that he knows that he cannot get well. Denies cherishing suicidal propensities but often declares that he has so many evil forebodings, that he would be better off dead. Occasionally refers to a delusion that something is growing inside of him; also complains of a numbness of his flesh all over. No headache, but head feels badly and often has vertigo. Pulse 92 temperature 98 8-10°, respirations 20; pupils normal in size and reaction, tongue coated white, stomach gives considerable distress immediately after eating. Some

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times is accompanied by a sensation of fulness and with sour risings. Bowels constipated. Has been dosing himself with various kinds of laxatives, which he says "have not seemed to do any good". Admits having a stool every day and that passages are soft, but he insists that his bowels are sluggish; heart, lungs and kidneys, normal. Sleeps poorly, averages about two hours per night. Is not sleepless in any particular part of the night; restless and is kept awake by an aching and burning feeling all over. No dreams.

He began to improve at the end of a week under static breeze and large sparks, and at the end of two months he had gained twelve pounds in weight, and returned home well and happy.

No. 2. Acute melancholia. Male, age 28; single. Civil engineer. Family history said to be free from neurotic taint. The mental depression appeared while convalescing from typhoid fever. Mentally, has been depressed for six weeks. Has lost all pleasure in accustomed duties, "I can't take any interest in my work." Wants to be alone and is irritable when spoken to. At times has a suspicion that people want to injure him. Is losing flesh rapidly, notwithstanding he eats well. Bowels constipated. Pulse 92, temperature 98°, respiration 18; tongue pale and coated on the base. Kidneys and other organs apparently normal.

In six weeks was fully restored to health mentally, and returned to work. He received the positive breeze and large sparks to his back.

No. 3. Chronic melancholia. Female, age 46, married, has four children. Father died from an unknown cause. Mother died insane at thirty years of age. An older sister had melancholia. When twenty-one years of age, became greatly depressed by her father's death. Has never been well since, although she has had periods of comparative cheerfulness. When examined was laboring under great sadness. She believed that God had gone from her. That she had been persistently wicked. Fears death, and yet would like to commit suicide to escape from her wretchedness. Imagines that she has offended various persons; has

frequently caused her friends embarrassment by writing comparative strangers letters of apology for some fancied wrong she imagines she did them; or offering to make restitution for articles she thinks she appropriated from them and lost. Has prolonged spells of crying over her alleged wickedness. Suffers from constant headache beginning at the vertex and running backward to her neck. Appetite was good and digestion in fair condition. At times was constipated. Menses regular, and as far as known, suffered from no uterine difficulty. Was very sleepless.

The patient was under care for seven months and improved greatly. When dismissed was sleeping well, had no headache, gained several pounds in weight, and while she still believed that she had been very wicked, she had ceased to worry others with her woes. She received static breeze three times a week.

No. 4. Hypochondriasis. Male, 40 years of age, single. Salesman. No insanity in the family but "we are all weak and nervous." Is tall and delicate in appearance. Countenance has a worried appearance and his face was pale. Has constant headache through the temples, which is aggravated by thinking or reading, "especially by good reading such as Herbert Spencer." His voice had a wail to it, and he frankly admitted that he was a great sufferer. His heart and other organs were found to be perfectly normal, but he narrated distressing symptoms, from them all. As far as he knew, he had not slept more than two hours a night in years. He improved very much under static breeze with occasionally sparks to his spine. After six week's treatment he acknowledged that he slept well and felt much better in every way, and went back to his work. He still calls occasionally to take some static, but his face is of good color, his countenance has lost its distressed appearance and his general air is of one in fairly good spirits.

Nos. 5 to 11. Were cases of sleeplessness. They were all relieved by the static breeze. The period of their suffering varied from several months to twelve years. The time of their treatment lasted from two weeks to three months.

No. 12. Anæmia. Female, age 27 years; widow. Has been pale and anæmic for several months and has been under constant treatment during the period without relief. On examination, weight was 118 pounds; pulse 92 and weak, temperature 98°, and respiration 20. Mentally depressed, had crying spells from time to time because she feels so weak. Headache over the eyes and through the temples. Appetite poor, sleeps poorly and is greatly disturbed by dreams. Menses too late, scanty and accompanied by severe pain. Leucorrhea dark colored and thin. Gave her static breeze, at first three times a week and later twice a week. She began to sleep better after the second week, her appetite improved, her color and strength returned, menses became regular and painless, and the leucorrhea ceased. At the end of three months she was better than she had ever felt in her life and weighed 133 pounds.

Nos. 13 to 17. Were cases of rheumatism which recovered under the static spark. One case was articular in form, and the others were muscular. In all these cases improvement was shown within a few treatments. Two were cases of lumbago, one of them declared himself cured after two applications of the sparks, and the other required three treatments.

No. 18. Anterior polio-myelitis. Male, age 54. Speculator. When this man first came to the office he was brought in a wheel-chair. One leg was perfectly rigid at the knee from the contraction of the muscles on the posterior aspect of the thigh and atrophy of the quadriceps extensor. The other leg could be straightened more, but was incapable of slight motion. The history showed that the disease had been present about two years, and that he had been treated in a neighboring state for rheumatism, under an erroneous diagnosis. The disease appeared insidiously. The paralysis came slowly, involving at first both legs—later it was most marked in the right one. Large static sparks to the spine and the atrophied muscles were given him. He improved slowly but steadily. At the end of six months he was able to walk on crutches. The left leg seemed to have

fully regained its usefulness, and he could flex and extend it slightly; the foot, however, was flexed and had to be supported by a heavy shoe.

Nos. 19 and 20. Were cases of paræsthesia of the fingers, which drugs had relieved but failed to cure. Both recovered by the use of small static sparks. In one case six treatments were followed by recovery, and the other one required twelve applications of the sparks. Many other cases could be presented to you showing the beneficent uses of the static current, but these few will suffice to illustrate our proposition that its field of usefulness is rapidly growing larger.

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#### INTUBATING THREE TIMES IN ONE CASE OF LARYNGEAL DIPHTHERIA.

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HENRY C. ALDRICH, M. D.

MINNEAPOLIS, MINN.

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I was called from my bed about 12:30 one morning in the autumn of 1896, by a telephone message from Dr. P. M. Hall, who desired my services to perform the operation of intubation. Arriving at the bedside of the patient, I found a girl of thirteen showing the effects of laryngeal stenosis very markedly. I immediately introduced the largest size of the O'Dwyer tubes which caused such decided symptoms of strangulation that I at once withdrew it, and the patient coughed and vomited bringing up a membranous cast of the larynx and trachea fully five inches long, and of very firm consistence, and great thickness. Immediately there was complete relief from the impending asphyxiation; so much so, that I did not replace the tube, until one o'clock that afternoon, twelve hours after it was first introduced. Again it was necessary to remove the tube, a cast being again brought away. Following this there was relief for twenty-four hours, when it was necessary to intubate the third time. For the third time the

operation removed the membranous cast, and afterward no further trouble in breathing developed, and the patient progressed to a rapid convalescence. The second and third casts were each smaller, thinner, and of less firm consistency than those preceding.

This case was one in which the laryngeal involvement developed on the fourth day, gradually growing worse until it was necessary to intubate on the sixth day.

Dr. Hall injected antitoxin the same day that she was intubated first, and again on the next day, and I believe that the gradual improvement with a lessening of the membranous formation in the larynx was due to the use of this agent; prior to its use, Schuessler's tissue remedies had been those chiefly employed, and the case continued to grow worse in spite of the very careful remedial selection for which Dr. Hall is noted.

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#### THE FERGUS FALLS STATE HOSPITAL.

W. O. MANN, M. D.

FERGUS FALLS, MINN.

FIRST ASSISTANT PHYSICIAN THIRD MINNESOTA STATE HOSPITAL.

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I have taken the opportunity to speak of this Institution, believing that you as homeopathists are interested in its welfare.

It was opened for patients in July 1890, under the able superintendency of Dr. A. P. Williamson, who devoted his efforts to its advancement until the Fall of 1892, when he resigned to take up his specialty. Geo.O. Welch,M.D succeeded him, and has since continued as superintendent. From year to year the hospital has grown by the addition of a new wing until the present time, when it stands practically completed as originally planned. The number of patients has increased from 80 in 1890, to 1050 in 1898. The number admitted during this period has been 2180, of whom 614 have been transfers from the hospitals at St. Peter and Rochester.

The last wing to be erected will soon be finished, and the institution will then have a capacity of 1300. This will make it the largest homœopathic hospital in the country as well as the largest and most modern of the insane hospitals in the state. A large amusement hall has been built, in which are held a weekly dance and religious services on Sunday. Beneath this hall is the congregate dining room with a seating capacity of over 600. Here both sexes assemble three times daily, separated only by a narrow aisle and never has there been known anything out of the way to take place between them. This congregated plan has been found to be an economical feature as compared to the old method of having a dining room on each ward. During the past four years a nurses training school has been in operation with a two years course. The effect of this is shown in the better care of the patients, the neatness and cleanliness of the wards, and in the added interest which the nurses take in their patients. The members of the school are frequently called outside to care for cases, and have given satisfaction to the physicians and to the families in which they have been employed.

A thorough physical examination is made of each patient within twelve hours of admission, provided he is not in a condition of great excitement. The urine is collected for twenty-four hours and examined chemically and microscopically; the number of the red blood discs and leucocytes are noted, together with the percentage of hemoglobin. In doubtful cases the sputum is stained for bacilli tuberculosis.

The treatment is directed especially to improving the body nutrition, as this is in many cases below normal. Observation shows that the mental condition improves with the gain in weight in those cases in which a recovery is to be looked for.

The rest treatment is used extensively together with hydrotherapy, electricity, (galvanic, faradic and static,) massage and the indicated homœopathic remedy. When convalescence is established, exercise and employment in

the open air soon places the patient in a condition to attend to his usual avocation.

Official surgery is practiced in all cases needing it, and occasionally marked improvement follows.

Thyroid extract has been experimented with, as has also protonuclein, but no marked results have been obtained.

A glycerine extract made from finely chopped sheep's ribs has been found of benefit in restoring the condition of the blood to normal when below par.

While believing that "comparisons are odious," I have decided to make a few, in order to show the standard of recoveries and deaths at this hospital. For this purpose I have used the hospitals of Massachusetts, New York and Pennsylvania, considering them of as high a standard as any in the country.

#### RECOVERIES.

	New York 11 Hosp.	Pa. 6 Hosp.	Mass. 5 Hosp.	Fergus Falls 1 Hosp.
Percentage No. Discharged....	19.20	29.74	26.75	47.38

#### DEATHS.

	New York 11 Hosp.	Pa. 6 Hosp.	Mass. 6 Hosp.	Fergus Falls 1 Hosp.
Percentage on No. Treated....	7.5	7.	6.78	3.98

I have also compared the percentage of recoveries and deaths with those of the homœopathic institutions at Westboro, Mass. and Middletown, N. Y.

#### RECOVERIES.

Percentage on No. Discharged .....	Westboro 35.96	Middletown 45.26	Fergus Falls 47.38
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#### DEATHS.

Percentage on No. Treated.....	Westboro 5.87	Middletown 5.85	Fergus Falls 3.98
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I attribute the higher percentage of recoveries as compared with the old school institutions to the fact that we make more of the rest treatment, give no hypnotics, and better individualize our patients.

The lower percentage of deaths is due to the fact that a careful watch is kept of all chronic cases, and whenever one loses five pounds in weight he is put to bed and kept there until he regains it. If this doesn't take place he remains in bed with the result at least that he doesn't continue to lose so much as he would if up about the ward, and his life is consequently prolonged.

I believe that I am safe in saying that this hospital is doing good work, and should be a source of pride to the homœopathic physicians of the state. While I know that it is not accessible to the majority of you, it always gives us great pleasure to welcome visiting physicians, and to show them cases representing the different forms of insanity.

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#### NOTES ON REMEDIES FOR URINARY SYMPTOMS.

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N. A. PENNOYER, M. D.,  
KENOSHA, WIS.

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In the early part of my medical career there came to the sanitarium for confinement a lady, who was evidently better fitted for the profession of teaching, which had been her vocation for several years, than for the profession of motherhood. Upon her marriage she gave up the former, and being exceedingly nervous and highly wrought during the early months of pregnancy, her husband sought for her the quiet and advantages of change of scene, country air and such hygienic influences as a well-regulated sanitarium would offer. The patient was well fed, soothing baths and gentle massage were given, and all the "suggestion" employed for an easy time ahead which an enthusiastic young disciple of Æsculapius could promise. Labor was of medium duration, the pains being very severe and with but short

periods of remission. Chloroform was administered the last hour and the child delivered without instruments.

There was a slight laceration of the perinæum, which was not repaired. A few hours later pressure in the region of the bladder occurred, but urine could not be passed. After failure to promote urination with the usual expedients, the patient was catheterized with a silver instrument. While withdrawing the instrument a spasm of the urethra occurred, holding it fast. It was a fixture. The hour being late, we waited until morning before attempting its rescue, when the patient was anæsthetized, and the instrument forcibly removed, bringing away a strip of mucus membrane, one end of which was fast in the fenestral opening of the catheter. Substitution of a strainer pointed instrument for future use avoided further accidents of this kind.

During the following week I gained considerable experience in the use of the catheter, as no medicine or expedient afforded relief, until I chanced to see in Peters' Diseases of Females, under the head of sleeplessness, "Digitalis: when there is uneasy sleep from constant desire to urinate." As I was invariably called up towards morning, even though the last visit was at midnight, digitalis 2x trituration was given, the second dose opening the flood gates and quickly allaying all vesical irritation.

Following this experience I had some cases of prostatic disease with cystitis, for which digitalis and terebinth gave great relief of the tenesmus and frequent desire to urinate. For these symptoms I have often found the latter very useful. It is, perhaps better indicated for dark, bloody or albuminous urine, and more fully covers the catarrhal symptoms than does digitalis, which sphere of action is apparently greater in the sphincter vesicæ and in the membranous and prostatic portions of the urethra. For this reason digitalis has been found useful for seminal weakness, this and the cold sound relieving so many of these cases.

In the prostatitis and cystitis cases above mentioned, it must be remembered that relief followed solely by the use

of the remedies; as in those days, when many of the present members of our society were in kilts, the germ theory of disease was not recognized, and the hygienic value of washing the bladder was not commonly practised. One old gentleman, joyous at the relief given him by these remedies, generously offered to pay me back my visits in kind. In those affluent days I promptly accepted cash instead.

While dwelling upon the clinical study of digitalis, it is well to bear in mind, if possible, its characteristics. Farrington says, "Digitalis produces an irritation of the bladder, particularly about its neck, this being catarrhal in origin. The symptoms are, strangury and frequent urging to urinate while the patient is up. The patient may also have frequent urging to urinate at night."

My experience with digitalis for over twenty-five years has been in favor of the nightly aggravation of vesical symptoms as noted by frequent desire to urinate.

In the treatment of urinary disorders it is of vital importance to know the cause of the existing trouble. It has been said that a disease correctly diagnosed is half cured. Certain it is that the probable value of internal medication can only be approximated by a careful study of each case. It is sometimes surprising, however, to note the effect of remedies upon symptoms dependent upon organic changes, changes like tumors, for instance, which in a mechanical way cause pain or distress.

An example of this kind may be cited: About a year ago a young widow came to the sanitarium for the relief of nervousness attended by an almost constant desire to urinate, with pain so severe that opiates had been used for several months to alleviate her suffering. She had been for six months unsuccessfully treated at a Michigan institution.

She begged for more opiates, but for the few weeks she remained under my care none were given. A large uterine fibroid, which, by pressure on the bladder, or by pulling because of prolapsus uteri, evidently caused the difficulty. Although vaginal tampons were used only a few times,

digitalis and terebinth relieved almost entirely the vesical symptoms.

I think I reported to this society about twenty-five years ago a case of encysted ascites, which had been mistaken first for pregnancy and later for ovarian tumor. The patient had been recommended to go to New York for an operation, but stopped at Kenosha. A history of the case revealed the effects of cold and dampness as the beginning of her difficulty. She was particularly sensitive to cold, and had frequent influenzas. The cessation of the menses, with scanty dark red urine and beginning ascitic condition were coincident with one of these colds, contracted during quite extensive repairs in plastering the house.

Whether dulcamara or the Russian and hot sitz baths which were given, or the combination cured the case, is a matter for conjecture. The fact remains that she was reduced over fifty pounds in weight, and never had a return of the ascites during the remainder of her life. There are plenty of remedies which have dark, red, scanty urine with painful discharge, but cold and dampness being the cause suggest dulcamara without hesitation.

During the first years of my practice it fell to my lot to care for several old farmers in the country who had been filled up with blue-mass, calomel and similar delicacies. Some of them could predict a storm with greater certainty than could "Old Probabilities" at this advanced period in weather prognostication. One I remember as sitting behind a hot stove, fairly toasting himself as if to keep the mercury from congealing in his bones. He had persistent neuralgia in back of head and neck; better with heat, worse upon slight touch. Tongue badly furred; bowels constipated, followed by slimy discharges. At one time the stools were flattened, whether from prostatic trouble or piles I know not. The urine was loaded with urates, and he had been obliged to use the catheter two or three times a night for several months. He had a slimy taste in the mouth, and to complete the picture had the sensation of a fish bone in his throat. Hepar sulph. was given from first to last in

treating this case. My records show that lachesis, nux vom., lyc., rhus. tox., puls. and caust, were each given once during that winter, but hepar sulph was the main stay in treating the case. The man was restored to ruddy health, even to the abandonment of the use of the catheter. This was before the days of the "Milwaukee test," and, singularly, I was foolish enough to believe that the high potency (200th) used helped the case.

For chronic cystitis I have for many years found the tritica repens a soothing remedy. This taken in hot water makes the urine more copious and bland, but for several months past urotropin, from 15 to 20 grains daily in divided doses, has proved marvelously effective in correcting the tendency to ammoniacal decomposition and septic conditions which, if not soon corrected, may place the patient beyond hope.

An explanation of its efficacy has been given that formaldehyde is developed in the organism after its ingestion sufficient to make the urine sterile, arresting all decomposition. With my cases I have seen none other than the most satisfactory effects from its use. I believe we have in this remedy one of the most valuable conservators of life in old bladder subjects, those we might consider inoperable or too hazardous for the knife.

Another remedy, thiosinimin, has been offered for the softening of cicatricial tissue such as urethral stricture. It has been recommended first for keloids, then for cicatricial tissues in the urethra, and for deafness depending upon adhesive bands limiting the movements of the ossicles of hearing. I called the late Dr. M. D. Ogden's attention to this remedy, which he gave trial in a case of urethral stricture.

The patient, a traveling man, would not submit to an operation, so sounds were frequently used to allow catheterization, which was necessary to relieve the bladder. Thiosinimin, two grains was given three times daily, when in a week the urine passed without using the catheter.

I have used this remedy in only one case, that a prostatic

trouble. In three weeks' time we were able to increase the size of the catheter from No. 13 to No. 19 French measure. I fancied that the prostate was somewhat reduced in size, but later a supra-pubic cystotomy was necessary because of sudden failure to relieve the bladder with any other method. It is possible that the lateral lobes were reduced in size, thus allowing the larger instruments to pass; but if the third lobe were any larger before using the remedy my section of the country must be a great place for prostates..

Right here I wish to enter a plea for early operation in prostatic cases, those in which there is a tendency to increasing difficulty in using the catheter. I think it more difficult to determine the size of the middle lobe with bimanual examination, even in a thin subject, than to outline any of the abnormal growths we find in the female pelvis.

In conclusion, it is my opinion in fighting our medical marine battles that digitalis is the Sampson, terebinth is the Schley and that urotropin is the Dewey, the greatest surprise, the most thorough destroyer of base Spanish microbes in our armamentarium.

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#### A CASE OF BROKEN NECK.

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HARVEY DALE, M. D.,  
OSHKOSH, WIS.

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A broken neck is popularly supposed to mean instant death. That this must be the case when the spinal cord is sufficiently injured, is perfectly obvious, but it is nevertheless possible to have a fracture of the cervical vertebrae and live. This possibility is remote, it is true, but it was taken advantage of by the patient whose case I am about to describe. This man's neck was broken October 4th, 1897, and he is to-day walking the streets of Oshkosh and enjoying the notoriety which his unusual experience has brought him.

The patient, C. E. Smith, fell, upon the day mentioned, from a scaffolding over thirty feet from the ground, striking

upon his head and left shoulder. When picked up he was unconscious. The respirations were slow and feeble, the pulse very weak. He was put upon a stretcher and carried to his home, where examination showed that he had sustained a fracture of the left clavicle. There was also found a marked sulcus over about the fourth cervical vertebra. The patient's face was turgid and the muscles of the neck were prominent and rigid. After about an hour he regained consciousness and was found to be completely paralyzed, with the exception of the muscles of deglution and respiration. Sensation was abolished from the neck down. The pressure upon the spinal cord was very evident. The depression in the back of the neck indicated a probable fracture, and I am free to admit that I dared not make much manipulation in the cervical region, from fear of suddenly cutting the thread by which the patient's life evidently hung. Consultation was called, and we made careful extension of the neck by pulling upon the head. The patient was then left lying flat upon his back with a thick pillow bolstering up the occiput, in which position he was kept, I may say in passing, for some weeks. Several local physicians came in during the day, and the opinion was generally expressed that the length of the patient's life would be from a few hours to a few days, or at most a few weeks.

For a short time the patient's mind was clear, but he soon developed a violent delirium. This delirium persisted most of the time for several weeks. Catheterization was practiced for forty-eight hours succeeding the injury, but after that time he had fairly good control of his urinary apparatus. The bowels became tympanitic and showed no signs of moving. I did not disturb them for three days, but after that time gave cathartics with reasonably good results. He was kept upon liquid diet for a few days, after that cautiously advancing to semi-solids. Twenty-four hours after the injury, the patient complained bitterly of numbness and tingling all over the body. He wanted to be rubbed constantly, but was unable to tell when he was rubbed and when he was not. This numbness was intense

for weeks, and has not wholly disappeared up to the present time. Four days after being hurt he could move one of his big toes a little. A week later he moved both his feet a trifle. From that time on, his motion and sensation very slowly improved. In six weeks he sat up a little; in two months he could bear his weight upon his feet; in three months he walked, with assistance; in four months he walked alone, and when moderate spring weather came, he got out on the street.

A remarkable feature of this case was its erratic thermometric record. The temperature chart for the four weeks following the injury is as odd as a Chinese puzzle. The variation was all the way from 96° to 105° degrees, and it not infrequently jumped from one extreme to the other within an hour or two. There was no regularity about it, and no discoverable cause for the sudden changes. The pulse for the first three or four weeks ran from 100 to 110 most of the time. It was six weeks after the injury before pulse and temperature became normal. The treatment was mainly expectant. Hypnotics were occasionally required, and when needed I usually gave Sulphonal or Wampole's hypno-bromic compound. Symptoms were treated as they arose. For some time he was given Hypericum, the mother tincture, five drops four times a day. Arnica and Nux-vomica were also prescribed from time to time. More relief was obtained from massage and from careful bathing than from any other source. The numbness gradually wore away and normal sensation as slowly returned. At one time bedsores appeared inevitable, but careful local treatment avoided these.

At the present time the patient walks about as well as he ever did. He complains, however, that his feet feel as though made of wood. He uses his arms fairly well, but has not good control over them, and the motion in raising his hand to his face resembles that of a jumping-jack pulled by a string. He is unable to turn his head, but holds it erect without difficulty. The depression over the cervical region, which disappeared after continued extension, was

replaced by a callus, which has grown somewhat smaller but still remains. The patient's general health is now excellent and he bids fair to live out his allotted term, although he is not able to do any work, and probably never will be.

This case seems to be a most remarkable one, for many reasons. In the first place, the man escaped instant death by literally a hair's breadth. There was enough pressure upon the cord to totally paralyze him, but not enough to destroy life. The injury was also a trifle too low to stop respiration and thus prove fatal. Resultant inflammation and attendant evils, which seemed certain to come, were apparently successfully avoided in this instance. In fact, the man seemed to possess a charmed existence. For weeks his life hung by only a thread, but he hung to that thread and is clinging to it yet, with a pertinacity that has astonished all who have seen him.

One unsatisfactory feature of this case, from a scientific standpoint, is the fact that its unexpected termination renders it impossible to get an accurate idea of the real pathological condition. My belief has always been that there was a fracture of one or more vertebrae, hemorrhage or effusion around the spinal cord, and that the gradual absorption of this resulted in the slow improvement of all symptoms. This patient, however, did not propose to have the diagnosis confirmed by the autopsy, and consequently it cannot now be told whether or not that belief is correct. In this respect we are not so fortunate as in the cases reported by various authorities, in all of which, so far as I can ascertain, death occurred after a period varying from hours to days, or rarely months. But the rarity of this case, in any event, renders it unique. Even the newspapers have thought it so, and this man and his neck have been advertised throughout the length and breadth of the land. This is the first time, however, that this case has been brought before a medical society. I have made bold to present it to you as new, because I am aware that you are all too busy to read the newspapers.

## MASTITIS.

R. K. PAINE, M. D.

MANITOWOC, WIS.

Inflammation of the breast is a septic infection, usually met with in women soon after child birth. I say septic infection because we have discovered that by observing aseptic precautions, keeping the breasts and nipples clean by the use of sterilized water to wash the breasts and nipples before and after nursing, and keeping the hands of the nurse and mother clean, we rarely see a case of mastitis. But where the mother has no help, and is in filth, and who works at the nipples with dirty hands trying to get the baby to nurse, we do see it. It may appear as early as the first week after delivery; but my own observation has been that it is oftener met in the second or third week. I have known it to occur as late as the second and third month. It is nearly always due to septic infection from fissures, cracks or abrasions, but infection may enter through the lacteal ducts, and generally occurs in connection with foul discharges from the uterus. The first symptoms are stiffness and fullness of the breast, the "caked breast" of the old grannies, who tried to rub it away with rancid grease, and soften with bovine excrement from the cow stable made into a malodorous poultice. A chill and high fever next appear, succeeded by a hard painful spot in the breast, and the whole breast may become much swollen, hot, and of a purplish red. The initial fever is sometimes so violent that the patient becomes delirious; the temperature going up to 105° in a short time. If properly managed the inflammation may end in resolution in a few days, or it may go on to the formation of an abscess whether properly treated or not, much depending on the condition of the pelvic organs. If suppuration takes place, the swelling and painful throbbing increases, one or more spots become darker and show a disposition to "point," where fluctuation may be

felt. These "points" where fluctuation may be detected are plain when the pus is in front of the gland, not so plain, when in the substance or between the lobules, and often wanting when the pus is behind the gland. When the abscess is behind the gland, there is swelling in the axillary border of the breast which is made tense and prominent if the breast is pushed back, and it also causes more pain. In the last position much damage is often done before the abscess is recognized, and when pain and fever continue without external signs of abscess, exploratory incision under careful aseptic rules should be made, and if pus is found it should be removed, and the cavity thoroughly cleaned out with H<sub>2</sub>O<sub>2</sub>. If treatment is instituted early, gauze compresses wet with hot or cold, as most agreeable, boric-acid water should be applied and covered with oiled silk; over this soft cotton, and then a sling supporting bandage. The milk should be drawn in some way every few hours. Internally I have found bryonia and belladonna of service, and also phytolacca. In the beginning, when there is much general fever, aconite should be given in alternation with the other remedy. After there is a probability of pus formation it should be removed by free incision, and through cleansing with H<sub>2</sub>O<sub>2</sub>. The breast should be covered with bichloride gauze and bandaged so as to compress the abscess cavity. Dressings should be renewed in a day or two, and as often as needed thereafter. Hepar sulphur, silicia, ars. iod. and calcarea iod. are the remedies most likely to be indicated. Of course any uterine complication that may exist should receive the proper treatment.

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**CORRESPONDENCE.**

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**ST. PAUL CITY SOCIETY.**

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The St. Paul Society of Homœopathic Physicians and Surgeons held its annual meeting on Tuesday, June 13th, at the Windsor Hotel in that city, and with its invited

guests discussed the merits of the menu presented by mine host Montfort. After which President Cobb in happy vein reviewed the years work, thanking the society for helping him so ably in his efforts to make the various sessions valuable. Following him, Dr. Alex. Donald spoke of the achievements of homœopathy, ending with a eulogy of Capt. W. H. Caine, who had that day been advanced to the position of surgeon of the Division Hospital at Camp Thomas, Chickamauga Park, Ga.

Dr. J. D. Lewis, told of the needs of homœopathy in St. Paul; of the lack of a dispensary, and especially of the lack of appreciation of the benefits to be derived from the College of Homœopathic Medicine and Surgery, Medical Department of the University of Minnesota. Dr. A. P. Williamson spoke along the same line, telling of the desire of the faculty of the above college, of which he is dean, to increase the advantages of that institution; also spoke of the clinical facilities in the city hospitals of the twin cities; and of the direct responsibility of each homœopathist of the state for the success of the college, and made a fine appeal for better support. Dr. H. C. Aldrich spoke of the work of the MAGAZINE.

Dr. O. H. Hall responded to the toast "The Future of Homœopathy" which he said depends on ourselves; "if we are conscientious homœopathists, if we are conscientious physicians, if we uphold the other members of our school, if we support the efforts of our colleges there can be no limit to our success". He said "Hew to the line, let the chips fall where they may," and criticised those, who, while claiming to carry the banner of similia practiced the therapeutics of the old school.

Before adjourning, the society elected officers for the ensuing year as follows: President, Dr. J. D. Lewis; Vice President, H.M. Lufkin; Secretary and Treasurer, C. Eugene Hubbel.

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Hahnemann Hospital of Philadelphia, recently received a bequest of \$5000. from the estate of Thos. W. Evans.

**MINNEAPOLIS**  
**HOMOEOPATHIC MAGAZINE.**

**HENRY C. ALDRICH, M. D., EDITOR.**

**ASSOCIATES:**

**D. W. HORNING, M. D., MINNEAPOLIS. HARVEY S. DALE, M. D., OSHKOSH, Wis.  
OSCAR K. RICHARDSON, M. D., MINNEAPOLIS.**

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**EDITORIAL**

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*The Cosmopolitan* for June contains a strikingly interesting article from the pen of Mr. Charles E. Tripler, upon the "Newest Wonder in Science" i. e. Liquid Air.

Truly it seems as if wonders would never cease, and as if this latest wonder was the most wonderful of all. A cubic foot of air carried in a cane; think of it! How the natural philosophies of our young days will have to be revolutionized; for science to-day fully demonstrates that air is "capable of liquidation."

Mr. Tripler's cubic foot of liquid air was composed of 800 cubic feet of air, which was subjected to a pressure of thousands of pounds; the first ounce of which cost \$3,000.

The machine used by Mr. Tripler manufactures liquid air in fifteen minutes.

The air is reduced to a temperature of 310° below zero, Fr. Then, you can dip up a tumblerful of air, as you would a tumblerful of water; with this difference, you are astonished to see the air begin to bubble and boil as it

absorbs the heated air around it, in thirty minutes or less the entire tumblerful of liquid air will have disappeared, mingling with the surrounding air.

Mr. Tripler says: There are two distinct fluids present; liquified nitrogen and liquified oxygen. The oxygen gives a bluish tint to the air, such as is seen in the air on a clear summer day; the nitrogen has no color.

Mr. Tripler is an American, we are proud to say; and his investigations have opened up a field of possibilities that are practically limitless. "Its possibilities in medicine and surgery are numerous. By means of this process, air absolutely free from germs could be furnished in any amount; and if the stimulating effect of an excess of oxygen were desired it could be had without trouble, quite free from the impurities which now often make this gas objectionable. The temperature of hospital wards, even in the tropics, could be radically cooled to any degree prescribed by the physicians in charge, and by keeping the air about yellow fever patients down to the frost point, the nurses would be perfectly protected against contagion and the recovery of the patients themselves facilitated. Again the cauterizing cold which liquid air is capable of producing might be used in cases of cancer with great advantage, as compared with nitrate of silver, since, while it absolutely destroys the flesh to which it is applied, its action is perfectly under control and can be stopped in an instant. It is also probable that hay-fever, asthma, and even consumption could be relieved without change of climate by this pure, cool, germless air."

Its probable uses in other directions are manifold; the transportation of perishable articles to any distance is assured and the war department—Mr. Tripler says—is already making investigation as to its application in the rapid cooling of guns when in action. It could be used as a motive force on vessels, and so solve the fuel problem; submarine boats and divers could carry the air required for breathing with them. In a word, the potential applications of liquid air are simply revolutionary; nothing as

yet has been discovered destined to be of such vital importance to man.

Space forbids further discussion of this wonderful discovery; for a description of the qualities of liquid air we must refer our readers to the interesting article in the *Cosmopolitan*.

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The June issue of the *American Medical Monthly* contains the news of the retirement of Dr. Eldridge C. Price from its editorial chair, and Dr. Henry Chandee, formerly business manager, has stepped into his place, being assisted by Drs. O. E. Janey and George E. Shower.

We regret the loss to our journalistic fraters by Dr. Price's retirement but feel certain that no better men could have been selected to take his place.

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## BOOKS.

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**DAY DREAMS OF A DOCTOR.** By C. BARLOW, M. D.  
The Peter Paul Book Co., Buffalo, N. Y., 1898.

This is a valuable work for laymen to read, for, as the author says: "The medical profession as a useful, and even an indispensable factor to mankind has never been fully appreciated. The half has not been told of the life and work of the physician, his responsibilities, his services to society, his dangers, etc., all of which the author has tried to illustrate.

**THE TRUTH ABOUT CIGARETTES.** Papers read and discussed by the MEDICO-LEGAL-SOCIETY of New York.

These papers take up the other side of the question, and are valuable and interesting reading as well as showing the lack of truth in the statement that the cigarette contains opium, arsenic, etc. The proofreader has inadvertently credited Dr. Geo. O. Welch of the Third State Hospital at Fergus Falls, Minn., to the Westboro (Massachusetts) Insane Hospital.

THE TRANSACTIONS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR, 1897. Volume XXXII. Edited by the Sec'y. JOHN L. MOFFATT, B. S., M. D., Brooklyn.

This shows able editorial ability and contains an excellent portrait of President Eugene H. Porter.

Dr. W. B. Hinsdale, Prof. *Materia Medica*, University of Michigan, has been selected as an associate editor of the *Medical Counselor* an evidence that the Michigan homœopathists are burying the hatchet.

The *Cressett* is a new monthly journal published by the students of the New York Medical College and Hospital for Women. Its editors and publishers are to be congratulated on its fine appearance.

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## NEWS AND NOTES.

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### THE AMERICAN INSTITUTE OF HOMOEOPATHY.

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The 23d of June found us, after a delightful trip over the "North Western Line," at Omaha, the city of the Trans-Mississippi Exposition which, by the way, is a Columbian Exposition in miniature and well worth the visiting, particularly the Midway. If you doubt this last statement, ask any of those in attendance at the Institute; every one went to the Midway, and all enjoyed themselves, not only while on the Midway but while in Omaha, that is while the clerk of the weather would permit us to be fairly comfortable; he saw fit to turn on the heat during the session, which fact militated against the attendance and as a consequence, in view of the fact that the east, (the effete east?), sent almost no representatives, the attendance was one-hundred less than it was last year at Buffalo.

The physicians of Omaha out did themselves in entertaining their visitors; receptions galore were arranged, where we met the wealth and beauty of the Gate City of the Plains. Dr. W. H. Hanchett entertained those of the male persua-

tion at his elegant home in a delightful manner, and throughout the session of the Institute was much in evidence.

Dr. D. A. Foote, secured for a large contingent of the members a complimentary initiation into the Society of the Knights of Ak-sar-ben and all who participated therein will long remember the blessings gently showered upon them.

Dr. Teal of the reception committee was a worker for the good of the Institute, and Dr. Martha Clark was another who was indefatigable in her efforts to make the meeting a success; and the venerable and venerated Dr. O. S. Wood, Chairman of the Local Committee of Arrangements, was always to be found just where he was needed. Dr. H. A. Worley was genial, jovial and a host in himself; and in fact the Omaha physicians could not be improved upon as entertainers.

The exhibitors contributed much to the enjoyment of the meeting; particularly the exhibit of the Horlick malted milk people who dispensed malted milk ice cream and malted milk punch to the warm and thirsty multitude. Dr. Branch of the Londonderry Lithia Water Company, made glad the heart and the stomach of many a thirsty individual who passed his exhibit, and any who were fearful of the consequences resulting from the internal use of Missouri river water, could have Londonderry either plain, or medicated with a Kentucky remedy that is warranted to cure all the ills that flesh is heir to.

The opening session was honored by the presence of the Mayor of Omaha and the Governor of Nebraska, and took place at the First Congregational Church. The Materia Medica Conference has not revolutionised the homœopathic world as yet, and was swallowed up by the Section of Materia Medica of the Institute. Dr. T. F. Allen of New York, failed to materialize and Dr. W. A. Dewey of Ann Arbor, with Dr. Dudley of Philadelphia officiated in his absence.

The sessions of the Institute were held in the handsome Creighton Medical College, an old school institution, and a

building well adapted for the purpose; it was easily accessible and as cool as any place could well be. During the session, Dr. C. E. Fisher of Chicago, presented a list of those of our school now enrolled in the medical corps of the volunteer army, and his paper brought about the appointment of a committee to secure permanent openings for members of our school in the medical corps of the army and navy.

The Hahnemann Monument Fund under the management of Drs. J. H. McClelland of Pittsburg, and Henry M. Smith of New York, is growing slowly, and the Ladies Hahnemann Monument Fund Society, organized last year at Buffalo reported progress, and its worthy president, Mrs. J. T. Cook of Buffalo, was continued in office.

In the section of clinical medicine, a very exhaustive symposium on pneumonia was presented. The use of anti-toxins was fully discussed. Dr. Charles Gatchell of Chicago, having a very able paper thereon, likening their prophylactic action to that of belladonna in scarlet fever; the analogy between the action of the antitoxins and the homeopathic remedies is further illustrated in the rapidity of their action.

In the *materia medica* section "The Four 'Pathies—Antipathy, Allopathy, Isopathy and Homœopathy were dilated upon and many views were presented often times verging on eclecticism. Dr. J. S. Mitchell of Chicago, saying: "There are fashions in methods and drugs as in clothes, the public catch the infection and woe betide the unlucky wight who is not in at the correct time and the orthodox way."

In the discussion following, Dr. J. C. Wood summed up the situation very tersely by saying: "There is nothing in homœopathy which prevents the use of everything else, if we want to use it."

The subject of isopathy was decried, while homœopathy was most nobly upheld by Dr. Pemberton Dudley of Philadelphia, he claiming, that to assert that the formula "*similia similibus curentur*", embraces the whole that can be learned of the philosophy of homœopathy; would be much like asserting that

the dogma of the atonement includes the whole body of the christian doctrine. He enumerated three factors in the formula "similia, etc., " as follows:

FIRST: The agent by which the cure is accomplished.

SECOND: The object on which the cure is accomplished.

THIRD: The cure that is to be consummated; and ended by summing up as follows: "The homœopathic drug acts alone by its dynamic properties; its action is exerted only upon vital activities; it cures by changing abnormal into normal activity; the curative domain of homœopathy does not include symptom groups caused and maintained by mechanical, physical or chemical derangements of the organism, except when said derangements are themselves maintained by disorder of the vital action."

The section of surgery had many very brilliant papers, chief among which was that by Dr. J. Kent Saunders of Cleveland, Ohio, giving a summary of the advances in surgery, going into the minutiae of the surgery of gunshot wounds of the modern projectiles—the Röentgen ray, visceral surgery, bacteriology, etc., etc.

At one of the business meetings, committees were appointed and resolutions adopted looking toward the unification of medical examining boards and to the securing of governmental recognition of homœopathy in the army and navy.

The seniors had one notable addition to their ranks, the first woman senior—Dr. Corresta Canfield, who joined the veterans this year.

A most touching and eloquent eulogy of the seniors who have departed this life the past year was delivered by Dr. H. F. Biggar at the memorial exercises.

Before the section of electro-therapeutics, Prof. E. H. S. Bailey of the Kansas City University, Lawrence, Kansas, read an extremely interesting paper, it being the description of a new theory in physics, its title being "Proof of the law of Similia from the electro—physiologico—chemical standpoint," which was ably discussed by Dr. Chas. Gatchell.

The criticisms noted in the journals the past year in ref-

erence to the lack of recognition accorded the younger men undoubtedly has been beneficial and many of the younger men have been appointed to positions on the various standing committees—Minnesota being recognized by the appointment of the editor of this MAGAZINE to a position on the Committee on Organization.

Able papers, and many of them were presented to the section of Pædology, chief among them being President elect Bailey's paper on "Anæmia and Marasmus," and, also, those by the chairman, Dr. J. P. Cobb, on "Nutrition and the disorders dependent upon faulty nutrition"—and Dr. A. M. Linn of Des Moines, Iowa, on "Acute Inanition." T. F. H. Spreng of Sioux City, Iowa, wrote ably on "Dyspeptic diarrhœa."

At the meeting of the section of Obstetrics, Dr. L. L. Danforth of New York City, presented an able paper, as, also, did Dr. Amelia Burroughs of Boston, Mass., and several volunteer papers were presented.

The sessions of the Institute were brought to a close on the morning of Wednesday, June 29th. Resolutions of thanks to the local physicians, the lay press, especially the *Daily Bee*, etc. etc., were adopted, and President Wright announced the chairmen of sections for next year as follows:

Clin. Med., Chas. Gatchell, Chicago, Ill.; Mat. Med., T. L. Hazard, Iowa City, Ia.; Surgery, W. B. Van Lennep, Philadelphia, Penn.; O. O. and L., H. D. Schenck, Brooklyn, N. Y.; San. Science, J. W. LeSeur, Batavia, N. Y.; Gynecology, J. J. Thompson, Chicago, Ill.; Pædology, A. M. Linn, Des Moines, Ia.; Obstetrics, T. G. Comstock, St. Louis, Mo.; Neurology to be announced later.

The following were elected officers for the ensuing year: President, B. F. Bailey, Lincoln, Neb.; 1st. Vice president, A. B. Norton, New York City; Gen'l. Sec'y., E. H. Porter, New York City; Recording Sec'y., Frank Kraft, Cleveland, Ohio; Treasurer, E. M. Kellogg, New York City; Assistant Minnesota sent an attendance of ten as follows:

F. C. Bowman of Duluth, L. G. Wilberton of Winona, B. H. Ogden, W. S. Briggs, E. L. Mann, and S. G. Cobb, of St. Paul, A. P. Williamson, W. E. Leonard, G. F. Roberts, and H. C. Aldrich of Minneapolis.

Treasurer, T. Franklin Smith, New York City; Censor for five years, Eldridge C. Price, Baltimore, Ohio; Registrar, Henry C. Aldrich, Minneapolis.

#### ORIFICIAL SURGERY.

The twelfth annual class for instruction in orificial surgery will assemble in Chicago at 9 A. M., Monday, Sept. 5, 1898, and will continue to meet daily during the week, as usual. For particulars of this clinical course, address

E. H. PRATT, M. D.  
100 State St.,  
Chicago, Ill.

Dr. C. W. Ryan of Jackson, Michigan, has gone to the front as a member of a company of one of the Michigan regiments.

Two members of the senior class of the homeopathic college of the University of Michigan, Drs. J. H. Ball of Ann Arbor, and J. N. Babcock of Bay City have also gone to the war in some capacity in connection with the hospital corps of the Michigan troops.

Dr. E. Lippincott of Memphis, Tenn., died March 21st, last.

Dr. Julia Holmes Smith, of Chicago, suffered a fracture of the right forearm, in April.

Dr. B. C. Elms, has removed from Chicago, to Fairfield, Iowa.

Dr. J. W. Streeter, of Chicago, is Brigade Surgeon on Gen. Fitzsimmons staff.

Dr. E. Cartwright of Decorah, Iowa, began the study of medicine, fifty-three years ago.

Dr. S. H. Knight of Detroit, Michigan, has been appointed medical examiner for the Banker's Insurance Company of Des Moines, Iowa.

Dr. J. R. Kippax has retired from the Chicago Homœopathic College after twenty-five years of hard and successful work therein.

Capt. W. H. Caine, of Minneapolis, now assistant surgeon of the 12th Regt. Minn. Vol. Infantry, has been detailed as one of the Division Hospital Surgeons at Camp Thomas, Chickamauga Park, Georgia.

Dr. C. N. Kendrick of St. Louis, Mo., (Chicago Homœopathic College 1898) has received the appointment of senior house physician and surgeon at the Minneapolis City Hospital.

IN MICHIGAN:—Dr. A. E. Gue is city physician of Detroit, Dr. O. L. Ramsdell is health officer of Petoskey, Dr. V. F. Huntley is postmaster at Manitou, Dr. G. L. Lefeuvre of Muskegon is county physician, Dr. W. B. Hinsdale of Ann Arbor is county physician of Washtenaw County, and Drs. Pullen of Mt. Pleasant, and Bagley of Alma, are United States pension examiners.

Another cottage has been added to Dr. Givens' Sanitarium for Nervous and Mental Diseases, at Stamford, Connecticut. This Sanitarium is open all the year around and provides home comforts with the special care required for each patient. Write to Dr. A. J. Givens for any information desired.

Dr. Bessie P. Haines has opened offices in the Masonic Temple, and has changed her residence to the Edinburg, 15th St. and Chicago Ave., Minneapolis.

Dr. W. J. Hawkes has been re-elected Prof. Materia Medica in Hahnemann Medical College of Chicago, having resigned from the faculty of Hering College.

Dr. F. H. Orme of Atlanta, Ga., has a good article on Vaccination in the April Century.

Dr. E. D. Olmstead has been elected Mayor of Spokane, Wash.—his opponent being an allopathic physician.

Dr. D. R. Saunders of Franklin, Indiana, has been appointed resident physician and surgeon in the Louisville City Hospital.

Homœopathy in Iowa lost the fight made by Dr. P. L. Prentis, for a share of the Insane Hospitals.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### DIABETIC DETERIORATION.

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CLIFFORD MITCHELL, M. D.

CHICAGO, ILL.

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Instead of presenting a paper on the treatment of dropsy, about which I have nothing particularly new to report, other than will be found in my forthcoming book on Renal Therapeutics, I beg leave to send in to the Minnesota Society a few thoughts on a subject which is probably new to many of you, and certainly to myself. The practice of medicine is full of surprises. Dynasties of theorists fall, and thrones of authorities crumble. The naming, the classifying, and the describing of diseases, must be jealously watched for fear that in our endeavor to pigeon-hole our diagnosis we forget the patient himself altogether.

Of what disease is albuminuria a symptom? Any medical student will answer "Bright's disease." Of what disease is sugar in the urine a symptom? Diabetes mellitus, of course. Broadly speaking, these answers are correct, and no doubt would be marked perfect on an examination paper. But after a good many surprises in my study of renal diseases, I have finally come to the conclusion that albuminuria is sometimes an early symptom of diabetes mellitus, or at any rate a phenomenon often preceding the

advent of glycosuria, while sugar is certainly sometimes found in the urine of those cases which, sometime subsequently, die of nephritis.

The important point is just this: Modern medical education, with its classifying tendency, holds our nose down to the grindstone of the apparent lesion so closely, that we may overlook altogether the diathesis of the patient. For example, there comes into my office some day, a man who has been rejected by a life insurance company, because of albuminuria. I examine his urine and, sure enough, I find albuminuria and cylindruria, low specific gravity, deficient solids, and the general make up of the urine of chronic interstitial nephritis. But in other respects he is doing quite well, as the slang phrase is, and is singularly free from the cardiac and vascular changes which characterize contracting kidney. In fact he has no symptoms whatever of chronic nephritis of any kind, barring the urine. Now he wants his insurance policy, and what is to be done with him? Naturally enough in the light of our best knowledge, we cut down his supply of meat, encourage him in the use of milk, and vegetables, and give him, merc. cor. in small doses, three or four times daily. What happens? In about a month we find a little sugar in his urine which gradually increases until it is four per cent or more. We throw overboard our theory of chronic interstitial nephritis, put him on strict diabetic diet, and not only does the sugar decrease, but the albumin (previously found), decreases as well.

This sort of thing is upsetting to our pigeon-hole view of albuminuria, the significance thereof, and the dietetics thereof. After a few cases in my experience like the one above described, a very uneasy feeling comes over me when a patient presents himself with symptomless albuminuria which he wishes to get rid of.

But I have purposely omitted certain details for the reason that I have not myself paid sufficient attention to them in the past, and wish to emphasize them now. In the first place most of these albuminuric-glycosurics-in-disguise, are fat, and I have learned to suspect every fat man of having

diabetes mellitus concealed about him somewhere; and second, most of them aver that meat suits their digestion better than carbohydrates. Here we have three points about the particular cases in question: fat persons with an intolerance for carbohydrates with albuminuria and a slight cylindruria. Does it mean Bright's disease in any form? Most likely not, if there are no other evidences of that malady; more likely diabetes mellitus; most probably diabetes mellitus in a prodromal stage, if you can find history of that disease in the patient's family.

After seeing several cases of this kind develop into full fledged diabetics with almost total disappearance of the albuminuria and cylindruria, it was with no small satisfaction that I picked up a monograph by Dr. Heinrich Stern of New York, in which the following ideas are advanced: diabetes mellitus is probably only indicative of a single stage in the process of a certain type of molecular or somatic deterioration. It is not likely that it develops independently and spontaneously. There are three stages of the deterioration:

1st. The prodromic or preglycosuric stage. 2nd. The period of glycosuria or diabetes mellitus proper. 3rd. The post-glycosuric stage or period of ethyl-diacetic acid poisoning.

The importance of recognizing the prodromia or preglycosuric stage can readily be seen. The first point is to establish the family history of diabetes which is not hereditary in itself, but the diabetic diathesis is. Given then a person in whose family diabetes mellitus has existed or exists, how are we to recognize the prodromal stage of the disorder in the individual in question? By combining Stern's observations with my own, the following rules may be laid down:

1st. The individual is fat. 2nd. He has disturbances of digestion and intolerance of carbohydrates. 3rd. There are sickening pains, not of a colicky nature, yet in the epigastric region, increasing after eating, and worse on pressure. So much we both agree upon. In addition I find

two conditions that Stern does not speak of, as follows:

4th. Slight albuminuria and cylindruria. 5th. A tendency to void a little sugar in the urine at certain hours in the day, increased by eating or drinking articles rich in glucose.

Stern speaks of a number of symptoms as diminution of sexual desire, great nervous irritability, hypochondriasis, cutaneous disorders and so on. Now when the second stage of the deterioration, or true diabetes mellitus itself appears, the patient loses flesh, has excessive appetite, and thirst. The urine increases in volume, and the albumin disappears to a trace.

The albumin, which in the beginning is but slight, becomes so small in the large volume of urine, that it may escape observation altogether, and we are in the habit of paying little attention to it anyway, because we are taught that diabetic urine most always contains a trace of albumin, so we accept it contentedly and think nothing of it.

The question of treatment of these prodromal cases, is a highly important one, as an ounce of prevention in the present may be worth more than several pounds of sugar in the future.

The essentials of treatment in the preglycosuric stage are as follows:

1st. Diminish the food supply while insisting on regularity of meals.

2nd. Prohibit nothing except alcoholic drinks, beer, and malted beverages.

3rd. Advise milk and American cheese, particularly the latter.

4th. Give the patient a radical change of climate.

5th. If a change of climate can not be had, advise air-baths, i. e. gymnastics, or even sitting still in a more or less nude state, in a room the temperature of which is just high enough so that the patient avoids being chilled.

For remedies, Stern advises arsenic and gold, but I think there is much in these cases that suggests uranium nitrate as being the closest indicated remedy in many ways. We

know that it is recommended by our symptomatologists for cases originating, as they say, in "dyspepsia or digestive dérangements," and the latter are a feature in the prodromal stage above described. Arsenic is indicated chiefly for emaciated diabetics, and I do not see that it fits the cases so well in the prodromal stages as later when the hunger, thirst, loss of strength, and flesh, so often point to it as the remedy. Of aurum, however, I think better than arsenic for the prodromal stage owing to the mental symptoms, which in some cases are characteristic. There is a good deal in symptomatology, as pathology is slowly finding out, and one of the things which makes the study of pathology a necessity, is that it explains to the inquiring mind why symptomatology often cures.

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## THE SIGNIFICANCE AND INTERPRETATION OF SYMPTOMS.

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W. B. WEBB, M. D.

BEAVER DAM, WIS.

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To him who is a believer in the homœopathic law of similia, the word symptom means much more than to our neighborly friend who is pleased to call himself "Regular." To the mere symptomatologist, a member of our school who has a blind faith in symptoms and nothing else in medicine save the indicated remedy, a symptom is almost sacred. A symptom has been defined as a functional or vital phenomenon of disease. It is an incomplete index to some condition. A sort of marginal reference to other symptoms, which in their totality indicate the homœopathic remedy.

In the beginning of this paper I wish to disclaim all desire or intention of making any attack on homœopathy or questioning the value of the "totality of symptoms," as a means of finding the indicated remedy. I simply wish to call attention to the vital importance of thoroughly analyzing all symptoms before using them, either in the framing

of our diagnosis, or as a guide to the remedy. If we always had the time, and the disposition, and the ability to scrutinize with judicial eye, all subjective symptoms as they present, at the same time being impartial in our observation of the objective symptoms, I imagine there would be more correct symptomatic interpretations, and as a result more effective prescriptions. On the whole, symptoms are troublesome affairs—they often annoy, vex and perplex us as physicians. They torment, irritate and distress the patient. If however, the patients were free from symptoms, the doctors would develop a whole lot of their own—chiefly of a reflex character—traceable to empty pocketbooks.

Without doubt, pain is the most common and most frequently met of all symptoms. It is the *bete noir* of the average human being. Humanity in general, and men in particular, greatly prefer to be excused from this most annoying symptom. To the patient, the significance of a pain may be little except that "it hurts" but to the doctor, it is an ear mark of some particular condition or disease. If we see an individual who is complaining of a lancinating pain in the side, we may be assisted in our diagnosis by the patient's statement, that he has an attack of pleurisy, and wants something to relieve this "cussed pain". The pain in the opinion of the patient may be "cussed." That much may be taken for granted, but it may not be pleuritic. True, the pain is in a region suggestive of a pleuritic difficulty, and on superficial examination we might be tempted to accept the patient's diagnosis.

After a young doctor gets fooled once or twice and has been caught napping two or three times, he ought to get his eye teeth cut, so to speak, and take nothing for granted until he has carefully gone over the ground, and has reasons for the faith that is in him. It would be as sensible to say that a man had a cancer of the stomach, because he had vomited a few times, as to say that one has pleurisy because he has pain in his side. After hearing our patient's description of his pain, and noting his physiognomy, with its telltale story of distress, the thought of pleurisy comes

to us in logical sequence, but with this thought comes to our mind also the possibility of pneumonia, intercostal neuralgia and hepatitis if the pain is worse on the right side; pericarditis, if worse on the left side. Intercostal rheumatism, herpes zoster with its neuralgia and vesicles might be unrecognized, and its painful symptoms misunderstood if the patient was not stripped to the skin, or if the patient failed to mention the vesicles. We see before us a patient in acute distress. His pain is lancinating. It oppresses his breathing and compels him to hold his painful side. For some reason or other his pain is relieved by lying on his painful side. The symptoms indicate bryonia, and the chances are ten to one that from our homœopathic standpoint, the patient ought to have bryonia, but it would be a crime to hurriedly put up bryonia for such a train of symptoms, without first satisfying ourselves about the diagnosis. If we strip the patient to the skin and apply the knowledge which we possess of inspection, palpation, auscultation, and percussion, and take cognizance of the temperature and pulse, we are enabled to arrive at a conclusion satisfactory to ourselves, and in the end, after the pain has been relieved, satisfactory to the patient.

In the case under consideration it may be that the severity of the pain had blunted the patient's recollection to such an extent, that he failed to give a correct history, and forgot to say that he had recently had a fall, striking his ribs against a stone fence, or had been hit with a plow handle, or, perchance, has been massaged with the hind foot of a mule. If such is the case, and the patient enjoys the proud distinction of having a broken rib, it is well for the patient to know it. How is he to know it unless his doctor does? How is the doctor to know it, if he simply finds out that the patient has a sharp shooting pain in his side, and that said pain is worse on motion, and better while lying on painful side, relieved by shallow breathing, and holding the painful side. If he studiously gets all the subjective symptoms and neglects or forgets the objective ones, and the physical examination and history of the onset, the chances are that

neither the doctor nor the patient will know much of the nature of the trouble, but the patient may go away happy with a bottle of bryonia. So far as surface indications go, the patient has the right remedy, for it is a remedy which causes and cures each of the symptoms present, but unfortunately in this case the *interpretation* of the symptoms has been faulty. Every doctor in the land knows the treatment in such a case, if he or she will only take the time and trouble to get down to the root of the affection and consider the significance of the symptoms.

A mother comes to me with her two year old boy and requests something for his catarrh. The discharge may be acrid and bloody. It may be bland and albuminous, or muco-purulent. Visions of allium cepa, mercurius, ars. jod., euphrasia and kali bichromicum with their distinctive and pathogenetic symptoms come to me. But, if in justice to my patient and in justice to myself, I make a careful nasal examination, I may find, and often in such cases, will find the cause of the discharge to lie, not in a scrofulous dyscrasia, not in a taint of the system requiring constitutional remedies, but in a foreign body in the nostril, possibly a shoe button or a bean.

The student who thinks he has developed sore eyes from over study, has more cause for gratification if his physician is fortunate enough to at once find and remove the little mite of a cinder buried in the conjunctiva, than if he talks learnedly of the inflammatory changes and prescribes internal remedies and a local wash, which doesn't do a bit of good until after the cause is found a week or two later, and then not until the failure of the treatment to give relief induces a more careful hunt for the cause, with its correct interpretation of the symptoms.

A patient came to me complaining of vertigo. "Dizziness" and "bad feeling in the head," were all the symptoms patient would at first admit. The tongue had a nux coating. Close questioning elicited a bryonia aggravation from stooping, and a constipated state of the bowels. I gave him nux and bryonia. The patient came back no better.

I tried something else, but have forgotten what. Results not gratifying to either the patient or myself. Finally I stole some allopathic thunder in the shape of a good dose of physic, and put an embargo on the diet, but patient still remained dizzy and discouraged; doctor ditto. Then for the first time I noticed that patient seemed slightly hard of hearing. I threw a light into the ears and found in one of them a hardened plug of cerumen, nearly filling the auditory canal, and causing pressure against membrana tympani. Within a few days after I had removed this hardened ear wax, my patient was rid of his "dizziness", the "bad feeling" in his head disappeared and I had learned one more lesson, by bitter experience, regarding the significance and interpretation of symptoms.

Only a short time ago a father and mother brought to me their baby—a tot of about two years of age—he was suffering from the effects of a hard cold; had a marked bronchitis with a temperature of  $101\frac{1}{2}^{\circ}$ , eyes suffused and while both of them were injected, one was particularly red and inflamed. I prescribed for the child as its condition seemed to indicate, and ordered it to be kept in the house, out of drafts, etc., etc., and was just bidding the couple good bye, when the mother said, "Could there be anything in that eye?" I gave a negative reply, but was startled, nevertheless, by the question, and straightway began to inquire into the eye symptoms. What was my surprise and chagrin to find on the conjunctiva of the upper lid, a small black foreign body, probably a cinder. Here was a case similar to dozens of others I had recently treated. The catarrhal symptoms were all pronounced, and I do not think it strange that I attributed the sore eyes to the catarrhal condition; but it was a misinterpretation of symptoms and might have ended disastrously for me, had another doctor found the offending body a few days later.

A young lady called on me complaining of great urinary distress. There was pain, burning and tenesmus after micturition, and more or less bad feeling all the time in region of neck of bladder. An examination was suggested,

but refused. I secured a specimen of the urine which told me nothing of importance. I gave the patient in the course of ten days or two weeks several remedies, chief of which was canth. and belladonna, but to no avail. Finding that my remedies were doing no good, I did what I ought to have done in the beginning, viz., insisted on an examination and made one and found a caruncle of the urethra. The growth was small but exquisitely sensitive. I removed the growth under an anæsthetic. The urinary symptoms straightway disappeared, and the patient otherwise gained in health.

A few weeks ago I was consulted by an old lady 75 or 76 years of age. She, too, told a pitiful story of painful urination, and, modest as a girl, she, too, refused an examination. She had a hard cough which greatly annoyed her, and a whole lot of other ailments. Against my better judgment I agreed to prescribe on the condition, that if not better in a few days I must examine. There was no improvement in the urinary trouble, and a few days ago I made the examination. Found an ugly red growth protruding from meatus urinarius. This patient had burning and scalding after passing water. She very naturally had tenesmus urinæ. She had pain. Her urine was scanty and high colored. Every coughing spell provoked an emission of urine. Canth. did not help her. Conium did not help her. Cannabis sat. would have done no good. We might have run the gauntlet of all the remedies in the world adapted to urinary ailments, and I doubt if the patient would have been benefitted. Why? Simply because there was a cause behind the trouble too deeply seated to be removed by anything but the knife. "Tolle Causam" is a good motto, if the simillimum will accomplish the object, the simillimum is the right remedy. If what seems to be the simillimum, fails us, we may, in many cases, with perfect justice attribute the failure to a misinterpretation of the symptoms. In other words a mistaken diagnosis. I admit that often my failures are due to an incorrect selection of the remedy, but careful analysis of the symptoms will so often reveal

their reflex origin, that it behooves us all to be wide awake to the necessity of finding and removing the causes of reflex symptoms. In other words, noting their significance and interpreting them rightly.

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### CLINICAL VERIFICATIONS.

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S. D. JOHNSON, M. D.

MILWAUKEE, WIS.

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CASE 1. Young lady, aged sixteen, at second or third menstrual nisus began to flow violently, until the mother became alarmed. It would recur every two or three weeks, lasting eight days. Ergotine and various remedies were tried, but nothing was gained. Symptoms characteristic were: Very hot, flushed face, eyes red and injected, pupils dilated, flow bright red, and a very hot sensation given to the parts as it gushed forth. Belladonna 3x cured; one prescription only being given. Although the case was under observation for several years, there was no recurrence of the trouble.

CASE 2. A lady, aged thirty-three, dark brunette, compact build, has always been regular in her menstruation, which began at fourteen years of age. Suddenly, without any known cause, the menstruation did not appear. A few days following the time when it should have come, she suddenly became delirious at night; face red, pupils dilated, with very much excitement. This continued for several evenings, when she came to me for relief. By the most careful examination I could find no cause for the menstrual suppression; she being a girl above reproach, and assuring me that there was positively no chance for any trouble in the way of pregnancy. Belladonna was given this case and it relieved every symptom, excepting the amenorrhœa.

CASE 3. Young lady, aged twenty-seven, dark brunette, complained of very severe pains in region of colon, at descending portion in left hypochondrium. No tenderness on pressure, either lightly or heavily made, no headache,

some nausea, and she usually vomited when the pain was the most severe. All I could get was, "It comes like lightning, and leaves just as quickly." Belladonna relieved promptly, in 3x dilution.

CASE 4. Gentleman, aged fifty-two, has just returned from a residence in Oregon, where he was taken with a severe illness, his version of which was that he had a chill and suddenly became unconscious. Physician had to come two hundred miles, and only came once, so that further account of the case is meagre. He recovered, however, sufficiently to remove to this state, but soon after his arrival here, he relapsed, and on the advent of a severe chill, I was called to see him. Found him with temperature of 104.5°, pulse 120, very hard and unyielding, some nausea; prescribed tr. veratrum vir, five drops in one-half glass of water, teaspoonful every half hour until fever abated. It lasted about ten hours, gradually subsiding with moderate perspiration. During the chill there was thirst; chill at 3 P.M., begins in chest and stomach, great oppression of chest; with fever, has smothering sensation and oppression of chest: apyrexia, soreness of muscles and joints, no swelling of face, although there is scanty urine. During fever, the same remedy, (veratrum vir.) was given as before; but during apyrexia, apis. mel. 3x, one grain tablets, of which two were given every two hours, and cured the case perfectly.

His wife, coming from the same locality, had similar malarial taint, chill coming about 11 A. M. every other day. Violent chill, no thirst, swelling of spleen and liver, painful on motion or pressure; prodrome, nausea, hunger and severe headache, apyrexia, sweats easily, great prostration. During fever, veratrum vir tr. alternately with bryonia 3x, as headache was severe. During apyrexia, gave chinin. ars. 2x, two tablets every two hours, which cured the chills promptly. The great prostration led me to use the combination, chinin. ars.

CASE 5. Child very restless, crying out during sleep, fever 105°, taken in axilla, very thirsty, drinking constantly. I ordered an injection of hot water to clear the bowels, and

aconite 1x, fifteen drops in one-half glass of water; dose, one teaspoonful every half hour until relieved. This was at 5:30 P. M. Reports entire relief at 8 A. M. the next morning.

CASE 6. Child had a high fever, constant thirst, drinking merely enough to wet the lips, screams out in sleep and awakens in a convulsion, but immediately goes off into a profound slumber. Belladonna 3x relieves, after the bowels were emptied as in the preceding case.

CASE 7. Child is in convulsion when I am called. The first thing noticed is that the fingers of the left hand, (index and middle) are firmly extended and cannot be flexed, whimpers in its sleep and finally stiffens out in a firm convolution. Ignatia removed all of these symptoms, and whenever the stiffness of fingers would come on, it would pass off immediately when ignatia was exhibited.

My experience with children, when there is a tendency to convulsions, is that nine times out of ten the attack is precipitated by overloading the stomach, and the bowels being a little sluggish, become loaded, making much of the irritation. Consequently, flushing them out relieves the little patient of much of its trouble, when the indicated remedy will be able to cure the case much more quickly. I realize fully that all of these symptoms are so very common and worn out, that it must seem simple to rehearse them, but as they are given in cases that are real, and the results are real, they may be of use to someone in a daily practice of such magnitude as to prevent them from looking over their repertories.

A child has had a spasm, and seemingly recovered, but the mother reports that on going to sleep or on awakening, its eyes becomes fixed and roll upward, remaining in that position. Cicuta 3x relieves every time.

Another child had twitching of facial muscles, which zincum 3x relieved at once.

And so we might go on through all the key notes, giving just such results. I believe, therefore, that we cannot be too earnest in our endeavor to keep these key notes ever at our command.

## MEDICATION VS. OPERATION FOR THE REMOVAL OF CATARACT.

E. D. PERKINS, M. D.

ASHLAND, WIS.

So many unsuccessful efforts have been made to restore sight to those afflicted with opacity of the lens, without the use of a knife, that it has come to be well nigh universally accepted that the only hope of relief is from an operation. Still, from the natural dread of an operation, and the more or less risk of failure, almost anything will be given a trial before resorting to the knife.

You have doubtless often felt a measure of impatience with the physician who hastens to report a cure from the exhibition of a certain drug in a single given instance. Such men have not contributed in any large degree to the building up of our splendid *materia medica*, but in this instance we have considerable corroborative evidence, so that I feel in some measure justified in calling your attention to a remedy upon the single trial which I have given it, and which seems to hold very great promise of good to humanity.

*Succus cineraria maritima* is the juice from a plant indigenous to the Lesser Antilles and the countries adjacent to the Caribbean Sea. The juice is extracted just before the plant blooms, at the period of its fullest vigor. The plant may be cultivated, but the product of the wild is preferred. Dr. R. Mercer of the Port of Spain, seems to have been the first to publish information in 1888, concerning its use in the cure of cataract, though it had been used by the natives some time prior to that.

The only case in which I have had an opportunity of observing its action is such an extreme one, that from the results already attained, I feel morally certain that in an average case, or in the progressive stage of the disease, success is assured. The patient Mrs. B., 60 years of age,

has been totally blind for five years with senile cataract of the hard lenticular form. Two years ago she had an unsuccessful operation on the right eye. Her disappointment was great as a matter of course, and she stoutly refused to submit to a second attempt. On the 8th of last February, I persuaded her to make trial of cineraria, and at the end of the first week there was noticeable improvement. She has been under constant treatment for three months and a half, and from blindness, so extreme that she could scarcely distinguish day from night, having to be led almost every step, she wheels her little grandson in his carriage, safely along the walk, distinguishes colors, and the outlines of objects in a room. There has been constant gradual improvement, and which is still progressing.

Two drops of the drug is instilled into the eye three times daily. There has not been the least ill effect beyond a slight burning and free lachrymation, for a few seconds after treatment. No other treatment was given except for slight acute derangement. The physiological action of the topical use of the drug seems to be stimulation of the processes of circulation and absorption. I am also fully convinced that it will prove of value in other disorders of the eye consequent upon impaired nutrition.

In this instance all of the visible structures present a vastly improved appearance. From a dull lusterless eye, with muddy congestive conjunctiva, we have a bright, clear, healthful looking organ. With the absolute assurance of no harm, and so good a promise of success, it would seem manifestly advisable to give the remedy a fair trial in every case before advising an operation.

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PROCEEDINGS OF THE THIRTY-FOURTH ANNUAL  
SESSION OF THE HOMOEOPATHIC MEDICAL  
SOCIETY OF THE STATE OF WISCONSIN.

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The thirty-fourth annual session of the Homœopathic Medical Society of the State of Wisconsin, was held in the

Plankinton House, Milwaukee, May 25th and 26th, 1898. The convention was called to order on Wednesday, May 25th, at 10 o'clock, A. M., by President J. P. Stiles, M. D., of Sparta, and the following physicians were present during the meeting:

J. P. Stiles, Sparta; W. J. Taylor, Brookfield; J. J. Davis, Racine; E. R. Schultz, Milton; Harvey Dale, Oshkosh; A. G. Leland, Whitewater; R. M. Nichols, Sheboygan Falls; M. G. Violet, Waukesha; A. Schloemich, Portage; E. M. Van Der Linder, Beloit; S. J. Martin, Racine; Q. O. Sutherland, Janesville; G. H. Ripley, Kenosha; N. A. Penneyer, Kenosha; E. D. Perkins, Ashland; J. D. Lindores, Stevens Point; R. K. Paine, Manitowoc; C. F. Browne, Racine; E. Everett, Madison; Mabel Park, Waukesha; C. H. Kækel, Mayville; R. B. Hærman, Watertown; A. M. Riddle, Oshkosh; A. L. Huntington, Darlington; J. W. Hanson, Racine; W. B. Webb, Beaverdam; A. L. Alexander, Milwaukee; A. R. F. Grob, R. T. Martin, Emma West, Lewis Sherman, Evelyn Hœhne, Joseph Lewis, H. M. Drappers, W. W. Irving, E. W. Beebe, O. W. Carlson, J. W. Cutler, Filip A. Forsbeck, Milwaukee; George F. Shears, L. C. Hedges, J. J. Thompson, H. C. Allen, T. C. Duncan, A. C. Cowperthwaite, A. K. Crawford, O. L. Smith, C. S. Swan, N. B. Delamater, Chicago; H. C. Aldrich, Minneapolis.

The minutes having been printed in the official journal of the Society were dispensed with, and the report of the treasurer, Dr. J. Lewis, Jr., was presented, showing a balance on hand of \$14.97. The report was referred to the auditing committee, consisting of Drs. Alexander, Grob and Dale, which reported favorably and the report was duly adopted.

The report of the secretary was now presented and adopted.

#### SECRETARY'S REPORT.

The secretary hereby begs leave to present his annual report. According to his recommendation of last year the committee on By-laws has revised the constitution and by-laws, and will present the work to the society in a special

report. The proceedings of the last session have been printed in the MINNEAPOLIS HOMOEOPATHIC MAGAZINE, and all members in good standing have received a yearly subscription to the Journal.

I would recommend that this society at this meeting take such steps as will express the sentiment of the society with reference to appointments of homœopathic surgeons in the government service. The officials in Washington claim no discrimination, but yet, it has come to my personal knowledge that discrimination has been made on account of school. The homœopathic surgeon is as true and loyal a citizen, and as competent and skillful in the profession as his brethren of other schools, and should receive equal recognition with them. I desire therefore to recommend that a committee be appointed to draft suitable resolutions that they be presented to the society, and if adopted, copies thereof be forwarded by the society delegates to the American Institute of Homœopathy, and that the delegates be instructed to recommend their adoption by the Institute for further action.

Several circulars have been issued during the past year in the interest of the present section.

Respectfully submitted,

FILIP A. FORSBECK, Sec'y.

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In pursuance of the recommendation by the secretary, a committee of three, consisting of Drs. Beebe, Carlson and Davis, was appointed and instructed to draft suitable resolutions with reference to the appointment of homœopathic surgeons in the army and navy. The resolutions presented by this committee were unanimously adopted and read as follows:

*Whereas:* The President of the United States has recently called for a large number of volunteers for the army and navy to be stationed in southern districts which are known to be subject to malarial and epidemic diseases of virulent form; and

*Whereas:* A large proportion of such volunteers are ac-

customed to, and desire, homœopathic treatment when sick: and as soldiers and sailors in the service of the government of the United States are debarred from the treatment of their choice by reason of discrimination against the physicians and surgeons of the homœopathic school, they being unable to obtain recognition as such in either army or navy, and said soldiers and sailors are of necessity obliged to submit to treatment when sick, of which they do not approve, and which they would not employ as private citizens: and

*Whereas:* In education, skill and experience the physicians and surgeons of this school of medicine, are in no way inferior to the physicians of other schools of medicine recognized by the department of medicine and surgery in the army and navy of the United States: and

*Whereas:* As members of the homœopathic profession we desire to express our loyalty to the government in its war with Spain, and to tender the offices of our members in the capacity in which they are most needed and useful, as the same may be required during the present contest; we especially demand the right, as patriotic and loyal citizens, of enlistment in the medical service of the army and navy without being subjected to the liability of disgrace and denial by a prejudiced and opposing profession, to this end petitioning that a sufficient number of homœopathic physicians and surgeons of recognized ability be appointed by the president and confirmed by the senate to secure unto us a fair and equitable examination by a not unfriendly examining board, our ratio with that of the old school profession being about as one to six; believing, that as citizens and tax payers, we are entitled to the same consideration and protection by the government, as those who employ other systems of medicine; therefore be it

*Resolved:* That we, the representatives of the Homœopathic Medical Society of the State of Wisconsin, most respectfully urge on behalf of the physicians and surgeons of this state, and their large and increasing patronage, the appointment to the different departments of the army and

navy qualified physicians and surgeons of the Homœopathic School of Medicine without discrimination: and further, be it

*Resolved:* We respectfully, but earnestly request the Governor of the State of Wisconsin, to accord to the Homœopathic School of Medicine the same recognition in the National Guard, Insane and State Hospital service, as is, or may be, granted to any school of medicine.

*Resolved:* That a copy of these resolutions be presented to the President of the United States, the Secretary of War, the Secretary of the Navy, the Postmaster General, the United States Senators and Members of Congress for the State of Wisconsin, and to the Governor of the state, and a request be made that a hearing may be accorded this committee in furtherance of the same.

The necrological report was presented by Dr. Sherman, showing that Dr. Carl W. Rehm, of Merrillan, Wis., a member in good standing in this society had passed to the silent majority.

Dr. Carl W. Rehm, of Merrillan, Wis., died of diabetes, at his home, Oct. 31st, 1897. He was born in Kinchhain, Germany, June 3d, 1840. He was educated at Kaysel and Harburg, and practiced as a physician and surgeon in the German army. He afterwards traveled in Africa, Australia, East Indies, Europe, South America and the United States and located in New Jersey, afterwards moving to Indiana, and then to Wisconsin. He had been located in Merrillan since 1894. He was married in New York City in 1873 to Anna Maria Tschmin who survives him. He leaves no children. Dr. Rehm will be remembered as an active and honest practitioner, and it is with sincere regret that we record his appeal to the medical skill of our society, at our last meeting, for rescue from the grim destroyer.

The committee on legislation gave in a verbal report—an outline of the work accomplished in the passage of the medical bill.

The committee on publication reported that the proceedings of the society had been published in the MINNEAPOLIS

HOMOEOPATHIC MAGAZINE and was upon motion empowered to use its own discretion relative to the publication of the society's transactions during the coming year. The delegates to the inter-state committee of the American Institute of Homœopathy reported through Dr. Beebe, who presented a circular of recommendations from this committee which was read and adopted. A communication from the international commission for the restoration of Hahnemann's tomb, received through its representative in the United States, Dr. B. W. James, of Philadelphia, Pa., was read by the secretary. Upon motion the communication was placed upon file and the secretary instructed to solicit subscriptions amongst the members of the Homœopathic profession in the State and forward such funds to the commission. The committee on constitution and by-laws, represented by the chairman, Dr. Sherman, presented the revised edition of the constitution and by-laws, which were upon motion, after some alterations, unanimously adopted. Valuable papers were read under the various bureaus and the physicians entered into discussion of the same with unusual amount of interest. Following is a program of the session:

#### MATERIA MEDICA AND PHARMACOLOGY.

"Discussion of Tissue Remedies," M. L. Ewing, chairman, Evansville; "Burnett's Remedies," Q. O. Sutherland, Janesville; "Materia Medica Stumbling Blocks," A. R. F. Grob, Milwaukee; "Our Heart Remedies," A. C. Cowperthwaite, Chicago; "The Relation of Homœopathy to Potentized Drugs," Maybelle Park, Waukesha; "Talk on Tissue Remedies in Nervous Diseases," Dr. Delamater, Chicago.

#### PÆDIATRICS.

"My Plea for the Little Ones," Elsie Schmitz, chairman, Milton; "Pneumonitis," E. E. Axtell, Burlington; "Our Relations as Family Physicians to the Children," M. L. Ewing, Evansville; "The Care of Children," Evelyn Hoehne, Milwaukee.

#### SURGERY.

"Operative Cases from Practice," Filip A. Forsbeck,

chairman, Milwaukee; "Clinical Cases," G. F. Shears, Chicago; "A Case of Broken Neck," Harvey Dale, Oshkosh; "Surgical Shock," Q. O. Sutherland, Janesville.

#### CLINICAL MEDICINE.

"The Significance and Interpretation of Symptoms," W. B. Webb, chairman, Beaverdam; "Notes on Remedies for Urinary Symptoms," G. A. Pennoyer, Kenosha; "Clinical Verifications," S. L. Johnson, Milwaukee. "Domestic Therapeutics," Harvey B. Dale, Oshkosh.

#### OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

"Spasm of Ciliary Muscle and Treatment," W. W. Irving, Milwaukee; "Post Diphtheritic Symptomatology and Treatment," O. L. Smith, Chicago; "Report of a Case," C. S. Swan, Chicago.

#### GYNÆCOLOGY.

"Some Things Physicians Should Do to Lessen Gynaecological Diseases," F. C. Austin, chairman, Elkhorn; "Contra Indications for the Uterine Curette with Report of Case," E. D. Perkins, Ashland.

#### OBSTETRICS.

"Conduct of Normal Labor," R. M. Nichols, chairman, Sheboygan Falls; "Puerperal Septicaemia," G. L. Alexander, Milwaukee.

On the evening of Wednesday, May 25th, the members of the Society and their guests adjourned to the banquet hall at the Plankinton House and seated themselves at the festive board, where a bountiful spread had been provided. Dr. O. O. Sutherland, of Janesville, acted as toastmaster and witty responses were made by many. The request of Dr. J. W. Cutler for withdrawal from the Society was granted.

Following physicians were elected to membership in the Society:

A. M. Riddle, Milwaukee; W. W. Truing, Milwaukee; L. C. Hedges, Chicago; F. P. Johnson, Autario; H. C. Aldrich, Minneapolis; E. M. Jacobs, Ephraim, Wis.; A. L. Burdick,

Coloma, Wis.; C. F. Browne, Racine, Wis.; J. W. Hansen, Racine, Wis.

The election of officers resulted as follows:

President, A. R. F. Grob, Milwaukee; vice-president, A. Schloemilch, Portage; secretary, Filip A. Forsbeck, Milwaukee; treasurer, Evelyn Hoehne, Milwaukee.

Dr. R. K. Paine was re-elected to the board of censors.

The committee on legislation was reappointed and Dr. Lewis Sherman was chosen to succeed himself as necrologist.

As delegates to the American Institute of Homœopathy and its inter-state committee Dr. Lewis Sherman, 1902, and Dr. N. A. Pennoyer, 1900, were appointed.

Chairmen of Bureaus were elected as follows:

Mæteria Medica—M. A. Barndt, Delavan.

Pædiatrics—E. D. Perkins, Ashland.

Surgery—Q. O. Sutherland, Janesville.

Clinical Medicine—Harvey Dale, Oshkosh.

O. O. and L.—E. Everett, Madison.

Gynecology—L. A. Bishop, Fond du Lac.

Obstetrics—M. L. Ewing, Evansville.

Adjourned.

FILIP A. FORSBECK, M. D.,  
Secretary.

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## REPORT OF CLINIC BEFORE WISCONSIN STATE MEDICAL ASSOCIATION, MAY 25, 1898.

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By N. B. DELAMATER, M. D.

CHICAGO, ILL.

Case:—J. B., young man age 20. American. Father healthy, but quite dissipated. Can get no further particulars. Mother living, 45 years of age, has not been a very strong woman, but apparently not subject to any special trouble. Brothers and sisters; have none but a step brother and step sister, children of his mother but not of his own

father, strong and healthy. School life from 5 to 17 years of age. Country district school. Working the farm in summer. During all this time, strong and healthy. Injuries, none. Habits, smoked and chewed tobacco since about seventeen years of age. Drinks some beer and occasionally a whisky, but never gets drunk. Never drank either, before seventeen years of age. Commenced to masturbate when eight or ten years of age, and has kept it up until very recently. At times four or five times per week, then maybe two or three weeks between. Has never had any emissions at night. Has never had any intercourse. Has not had much sexual excitement in his association with girls. Has been out late at night a great deal, sometimes with boys alone, at other times with boys and girls having a general good time. He has never been really sick in his life excepting a mild attack of scarlet fever when about sixteen years of age. Positively no sequellæ following it. Digestion good, bowels regular, never had any headaches except with special attacks; no special symptoms with the eyes, or in the breathing, or of the heart; no peculiarities as to perspiration and respiration of any kind. Rather slow and dull mentally, not feeble minded or idiotic.

About three years ago, on the farm, in the house with his mother, while lying on the lounge because of not feeling very well, had awakened with a headache and sleepy feeling which had lasted through the day. About two or three p. m., had a peculiar attack while asleep. The night before had been out until about ten o'clock with the boys in town, but no special dissipation or any other excitement. Had worked as usual the day before; it was in the fall of the year, but a very warm day. Now while asleep he groaned and stretched, or rather stiffened himself out rigidly, and in a moment seemed alright again. While in this condition his mother raised him up, which he knew at the time and remembers distinctly, went right to sleep again, and slept for some six or eight hours. He awakened with a headache; a steady hard ache all over the head, face flushed, hands and feet cold, but slept during the night and

awakened the next morning alright. Has had somewhat similar attacks ever since, varying from three or four a week, to one in three or four weeks. Have always occurred at night while asleep, generally in the early morning from three to five o'clock; no bad feeling the day before. Almost every night has a feeling in the lower jaw which seems to go up in the face which he cannot describe. It will awaken him for a few moments, perhaps one, two or three times in the night with nothing else occurring. At frequent intervals, may, in the day time, have a queer numb feeling, a formication, in the fingers of the right hand. When he has an attack, there is first this sensation in the jaw, and almost simultaneously the formication in the fingers of the right hand, then a choking sensation and a feeling as if he could not get his breath, awakening him and causing him to sit right up in bed to get his breath. Then a stretching or a rigidity of the entire body, a clinching of the fists, and a very general slight clonic spasm, sometimes slight frothing at the mouth, and occasionally bites his tongue. Does not think that he loses consciousness at any time, goes to sleep again and awakens in the morning with a headache which lasts all day, and is gone after the next night's sleep. The headache is a steady hard ache all over the head, and nothing else; the face is flushed, does not urinate with the attacks. On second day is as well as ever; between attacks is absolutely positive has no symptoms.

Physical examination. Eyes reveal nothing but a very slight astigmatism, nose and throat alright. Lungs, O. K. Heart, somewhat hypertrophied in left side, prepuce opening not large enough. Frenum short. Rectum O. K. Superficial and deep reflexes, O. K. No sensory or motor symptoms.

Now Mr. President and doctors, this is a case that I would diagnose as an epileptoid. All those cases in which I am able to find a cause for the attacks I diagnosticate as epileptoid. Where I can find no cause as epilepsy.

This case is one in which I believe the cause is found primarily in the dissipation of the father, or heredity. That

is, the young man was born with a tendency to neural disturbances, a tendency to neurosis; while he has ordinary physical resistance to the elements generally, and consequently has not succumbed to attacks of sickness. He has not the nerve resistance to which he should be entitled. Now this habit, it is not from the loss of semen or from any waste, but he is subjected to very frequent sexual excitement, affecting the entire emotional man, and through it subjecting the circulation to frequent marked exacerbations. These things added to the predisposition are sufficient to cause the attacks. The condition of the prepuce and frenum are sufficient to keep up a constant slight irritation. As to the prognosis in this case, I believe a cure to be possible. I would advise operative interference by circumcision, or a slit operation, and relieving of the frenum. As to the remedy, I have not had sufficient time to select it with any degree of certainty. There are in many of these cases, so very few symptoms that it often requires a long careful study.

There is no class of cases in which the exhibition of the remedy shows more marked results than these. At the same time there is no class of cases requiring more careful close study than these. It is not infrequent for me to spend from fourteen to sixteen hours of solid study on the matter of a remedy alone. I would make a pure guess of gelsemium as my remedy in this case. I would give it in the thirtieth potency. I thank you doctors for your attention.

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#### ORIFICIAL SURGERY.

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The twelfth annual class for instruction in orificial surgery will assemble in Chicago at 9 A. M., Monday, Sept. 5, 1898, and will continue to meet daily during the week, as usual. For particulars of this clinical course, address

E. H. PRATT, M. D.  
100 State St.,  
Chicago, Ill.

# **MINNEAPOLIS HOMEOPATHIC MAGAZINE.**

**HENRY C. ALDRICH, M. D., EDITOR.**

**ASSOCIATES:**

**D. W. HORNING, M. D., MINNEAPOLIS. HARVEY B. DALE, M. D., OSHKOSH, WIS.  
OSCAR K. RICHARDSON, M. D., MINNEAPOLIS.**

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The editors are responsible for the maintenance of the dignity and courtesy of the journal, but NOT for the opinions expressed by contributors. Requests for reprints should accompany manuscript. No discourteous or anonymous communications will be recognized.

All manuscripts, exchanges or books for review, should be addressed to HENRY C. ALDRICH, M. D., 313 Medical Block, Minneapolis.

All subscriptions and communications in reference to advertising, etc., should be addressed to MAGAZINE PUBLISHING CO., Medical Block, Minneapolis, Minn.

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## **EDITORIAL**

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### **MINNESOTA'S MEDICAL LICENSE LAW.**

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At the recent Omaha meeting of the American Institute, the statement was made, and it has since appeared in several of our journals, "that the Medical License Law of Minnesota had been knocked out by a recent decision of one of the District Courts of the state."

The case is this—"a so called Dr.," LaChance by name, a "Divine Healer", was arrested for practicing without a license—the court held that inasmuch as he prescribed no medicine, gave no advice, and did nothing but take the money of the patients, and let the latter believe that he and God would cure them, he, LaChance, was not amenable to the law, and consequently the case went against the prosecution. The Supreme Court sustained the finding of the lower court.

We, editorially and individually, believe the law to be unconstitutional and have good legal opinion to sustain

our belief. But no physician of good standing has yet been found, who had backbone enough to make a fight against the law, so it remains on our statute books a bugaboo and a bogey man to frighten away practitioners who would like to come to the state. For it does frighten men away. Many a good man well versed in medicine has told us personally, that he would not come to Minnesota and run the risk of being turned down by an examining board. A needless fear, for we know that any medical man of average intelligence could and would pass the examination.

This is respectfully submitted to Brer. Kraft for his perusal, also to C. E. Fisher of the *Century*.

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#### REINTERMENT OF SAMUEL HAHNEMANN.

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On Tuesday, May 24th, 1898, in Paris, in the presence of the civil authorities, and thirty-five interested persons, occurred the solemn ceremony of disinterring and transferring the remains of the great Samuel Hahnemann in order that they might rest beside those of his wife. The body was removed from the Montmarte Cemetery to Pere la Chaise. The ceremony occurred at 8:30 in the evening, and was performed in accordance with previous arrangements made by the Baroness Boenninghausen, (the adopted daughter and heir of the widow of the founder of homœopathy.)

Among those present were Dr. Suess Hahnemann, grandson of the master; M. Cloquemin, vice president of the Trans-Atlantic Society, representing the Baroness Boenninghausen; Dr. Richard Hughes of Brighton, England, and Dr. Francis Cartier, Secretary of the Comite de Paris, representing the International Committee. Dr. Gannal, son of the undertaker who embalmed the body of Hahnemann, assisted at the ceremony. Other eminent homœopathists were Leon Simon, president of the French Homœopathic Society, Dr. Jousset, Sr., Dr. Bernard Arnulphy of Chicago, and others.

A dispatch was read by the secretary, before the opening

of the ceremonies, from Dr. de Brasol, president of the committee, in which he regretted the unavoidable circumstances, that had debarred him from taking part in so solemn a ceremony.

The opening address was made by Dr. Cartier, who was followed by Dr. Suess Hahnemann and others, when the work of raising the coffin was begun. The rust surrounding the screws somewhat impeded the workmen, and it was with a feeling of awe, and almost of fear, for the non-preservation of the corpse, that the cover was removed. But the removal of the coffin lid showed the body to be in a poor state of preservation; the features were unrecognizable and the remains were once again enclosed and removed to their last resting place—after the examination of his wedding ring, an autograph letter of his wife's, and other mementoes enclosed in the coffin.

The erection of a suitable monument over the remains will shortly be accomplished by the International Society, and the visitor to Pere La Chaise in 1900, will find no difficulty in locating the grave of our illustrious master.

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#### ANOTHER CURE FOR CONSUMPTION.

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Following in the wake of Koch, and other lung specialists, comes Dr. J. B. Murphy of Chicago; "the button man". He claims that unless "the lung be entirely gone, he can effect a permanent cure in every instance; having cured four out of five cases during the past few weeks."

Dr. Murphy has a new method for collapsing the lung, by means of which the diseased member is suspended from its daily duties, and nature given a chance to effect a cure.

The main factor in the operation is nitrogen gas, which being injected into the pleural cavity, causes the lung to assume a quiescent state when it begins to throw out healthy tissue.

Dr. Murphy turned his attention to lung surgery less than two years ago; he is among the first of American

physicians to do work of this character. His course will be watched with the keenest interest.

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We regret extremely that through a typographical error in the July issue, there failed to appear in the list of officers the name of Dr. Sarah J. Milsop, of Bowling Green, Kentucky, who was elected second vice president of the American Institute.

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## NEWS AND NOTES.

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### UNIVERSITY OF MINNESOTA.

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Dr. Gatchell of Chicago, will deliver the opening address at the next session of the College of Homœopathic Medicine and Surgery of the University, Sept. 26th, on "Retrospect and Prospect."

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Dr. J. T. Combs, Supt. of the State Hospital for Insane, at Fulton, Mo., recently issued his first annual report in which he says: "While the number of patients has materially increased, the number of deaths has been one-fourth less than for the corresponding period of last year, and the number of those discharged cured, has been one-fifth greater." What a wonderful change! A splendid result and one greatly to the credit of the genial doctor and the school of practice he represents.

Osteopathic treatment of a Kansas City woman with locomotor ataxia, produced hemorrhage into the cord, and decidedly aggravated her condition.

Dr. Chas. E. Fisher, editor of *The Medical Century* and the *Homœopathic Journal of Surgery* (the finest of its kind in the U. S.) has been elected Prof. of Obstetrics in Hahnemann College, Chicago, to fill the vacancy caused by the resignation of Prof. Sheldon Leavitt. A worthy successor to a most worthy man.

The Homœopathic Medical Society of South Dakota, met in Sioux Falls, June 14th and 15th last, with a good attendance. A number of good papers were read and the following officers were elected: President, Dr. J. H. Smith, Huron; First Vice President, Dr. A. C. Clark, Howard; Second Vice President, Dr. W. E. Daniels, Madison; Secretary and Treasurer, Dr. Wm. Lowe, Madison. The next meeting will be held at Huron.

Dr Givens' Sanitarium at Stamford, Conn., for Nervous and Mental Diseases, is one of the most favorably located in this country. It is a quiet, homelike place, arranged on the cottage plan, where the rest cure, massage, faradization, galvanism, dieting, baths and everything pertaining to the best treatment of patients requiring special care, may be procured at reasonable prices.

Dr. H. M. Lufkin of St. Paul, has been appointed to fill the vacancy in the Chair of Pediatrics in the College of Homœopathic Medicine and Surgery, in the Medical Department of the Minnesota University, occasioned by the resignation of Dr. H. H. Leavitt who intends to devote himself to the specialty of the eye and ear.

The faculty of the Homœopathic College of the University of Michigan held a week of clinics from April 11th to 16th, at the Homœopathic Hospital in Ann Arbor. Numerous operations of all kinds were performed. The first dean of the college, Dr. S. A. Jones, delivered an able lecture one evening. A large number of physicians were in attendance.

The homœopathists of West Virginia met at Parkersburg February 1st, last, and organized a State Society with Dr. C. M. Boger, president; Dr. C. L. Muhleman, Secretary; Dr. E. H. Wilsey, Treasurer.

Dr. O. R. Long, at the head of Michigan Institution for the Criminal Insane at Ionia, was recently called to California by the state authorities as an expert.

Do not forget to send to Dr. Wilson A. Smith, 6548 Lexington Ave., Chicago, all notes on echinacea you may have made.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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VOL. VII.

SEPTEMBER, 1898.

No. 9

The Fergus Falls State Hospital graduated a class of twenty-two from its Training School for Nurses, on Monday, June 27th.

Dr. John F. Beaumont and wife, of Chicago, recently spent a few days renewing their many acquaintances in Minneapolis,

Dr. R. S. Copeland of Ann Arbor, is at work on a volume on Diseases of the Ear.

The bed treatment of the insane originated at the Middletown, New York Hospital in 1878, and has been universally adopted by the old school since. Something, we as homœopathists ought not to forget.

People should beware the deadly parrot. In Genoa, Italy, recently, fourteen persons contracted psittacosis or bronchopneumonia from two Brazilian parrots—Look out for them.

Dr. Clifford Mitchell is at work on a volume on Renal Therapeutics.

Dr. M. P. Goodrich, Jacksonville, Ill., has been appointed physician to the State Institution for the Blind, located in that city.

Dr. J. C. Daily of Fort Smith, Arkansas, is pension examiner and physician to the United States jail at that point.

Hering College graduated sixteen students on April 9th.

The National College of Chicago, graduated thirteen on March 31st.

The Kansas City College graduated fourteen on March 24.

The Homœopathic Medical Society of South Dakota, met in Sioux Falls, June 14th and 15th last, with a good attendance. A number of good papers were read and the following officers were elected: President, Dr. J. H. Smith, Huron; First Vice President, Dr. A. C. Clark, Howard; Second Vice President, Dr. W. E. Daniels, Madison; Secretary and Treasurer, Dr. Wm. Lowe, Madison. The next meeting will be held at Huron.

Dr Givens' Sanitarium at Stamford, Conn., for Nervous and Mental Diseases, is one of the most favorably located ~~pointed medical examiner for the Northwestern Mutual Life Insurance Co.~~

Dr. A. O. Sax, has located at Palmyra, Wis.

Dr. L. A. Miller, (Hahnemaun, Chicago, '98,) has located at Waucoma, Iowa.

Dr. J. B. Miner, (Hahn. Chicago, '98,) has removed to Osage, Iowa.

Dr. Rebecca W. Rogers of Bloomington, Indiana, has been selected to deliver a special course of lectures upon physiology and hygiene to the girl students, at the Indiana State University.

Dr. C. B. McCulloch of Indianapolis, has been appointed consulting surgeon to the "Clover Leaf" R. R.

Dr. H. C. Woods, has removed from Maynard, to Fayette, Iowa.

The University of Michigan, graduated nine this year.

The Maryland Legislature has before it, a bill prohibiting the issuance of marriage licenses to those afflicted with syphilis, insanity, dispomama or tuberculosis.

Dr. Woutat, University of Minnesota, 1897, resident physician at the Minneapolis City Hospital for the past year, has opened offices at Winona, his old home.

Capt. W. H. Caine, assistant surgeon of the 12th Minn. Vol. Infantry, at Camp Thomas, was recently the recipient of a very handsome sword given him by his fellow members of the 12th Regiment as a token of their esteem and appreciation.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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VOL. VII.

SEPTEMBER, 1898.

No. 9

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## ORIGINAL ARTICLES.

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### REPORT OF THE COLLEGE OF HOMŒOPATHIC MEDICINE AND SURGERY, UNIVERSITY OF MINNESOTA.

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A. P. WILLIAMSON, M. D., DEAN.

MINNEAPOLIS, MINN.

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The College of Homœopathic Medicine and Surgery respectfully submits the following report to the Minnesota State Homœopathic Institute:

The year just closing has only been a fairly prosperous one, when compared with the two preceding. We have had twenty-seven students in attendance, and while this number is a marked increase over any class previous to three years ago, it is not half the number which would be present if the advantages of this college were fully appreciated by the members of the institute. When carefully studied this lack of appreciation is apparently due to two causes: First, personal prejudice, and second, ignorance of the work being done. There are doubtless members of the faculty who are perhaps objectionable to some of you, but this fault is present in every college, in every church, in every lodge and in every other aggregation of individuals.

The board of regents is anxious to improve and strength-

en the faculty, and stands ready to listen to advice whereby the teaching body may be improved and anything and everything done to raise the institution in the esteem of the profession and make it more useful.

A comparison with other colleges would be invidious, but we can truthfully assure you that no institution west of the Alleghenies offers as good laboratory facilities or as useful and individual clinical advantages as the University of Minnesota.

The laboratory buildings were especially designed for their work, the equipment is unsurpassed anywhere in the United States and the gentlemen in charge are experienced and each one is an excellent teacher of his subject. The professors in the primary chairs are, with one exception, either medical men not in active practice, or scientists not graduates in medicine.

No college presents a more extended or complete laboratory course in histology, anatomy, physiology and chemistry than we offer.

Clinical advantages are also very good. Owing to our small classes no amphitheatre lectures are necessary, so that instead of the students catching an occasional glimpse of the patient, he stands directly beside the bed or table and hears the heart sounds, or those of the lung, etc., or assists in the operation.

Clinical material is always abundant, and clinics are held every day, except Sunday, throughout the year. The dispensary receives about seventeen hundred new patients a year, and over six thousand prescriptions were made last year. It will be readily understood that among such a large number of persons nearly every variety of disease may be seen. Over three hundred visits were made to the homes of patients by the students. Among these were a number of cases of confinement, which were attended by members of the class, under the supervision of the professor of clinical obstetrics.

Every student of the last graduating class attended

several cases of obstetrics, each one applied the forceps at least twice, and all performed some obstetrical operation, such as restoring a perineum or sewing up a lacerated cervix.

Our hospital advantages are excellent. Members of the faculty are also members of the visiting staffs of the St. Luke's, St. Joseph's and City and County Hospitals, St Paul, and the City Hospital, Minneapolis. Three members of our last graduating class were appointed resident physicians in some of these hospitals; one in the City and County Hospital, St. Paul, and two in the City Hospital, Minneapolis. These are large institutions and the experience to be obtained in each is valuable.

Every Monday, the entire day, is devoted to hospital clinics. In St. Paul all the patients entering the hospital during a six weeks' period of the year are placed under the homœopathic staff. In the Minneapolis hospital every third case is assigned to the homœopathic department.

In addition to these advantages, through the courtesy of Dr. Martha G. Ripley, the women senior students are permitted to assist in confinement cases at the Maternity Hospital, Minneapolis.

We will not set forth in detail the superiority of each course of study. It is only necessary to request a careful reading of our catalogue, where you will find that the lectures on each subject are carefully arranged, systematically presented and practically demonstrated.

Special attention, however, should be directed to the course on homœopathic pharmacy. This subject is taught by an experienced homœopathic pharmacist. The fundamental laws of the subject are set forth in ten lectures and their application is demonstrated in the laboratory. Every student is required to apply practically the teaching of the didactic course. As far as we can observe in the various college catalogues this is the only college which gives the students a laboratory course in pharmacy.

The expense of attending the college, the fees and board,

are less than of most colleges. Our fees are in one level sum: one hundred dollars for each of the first two years and eighty dollars each for the last two. Half of each year's fees are payable at registration and the other half at the beginning of the second semester. These fees include matriculation, tuition, dissecting, laboratory, diploma and all other charges. Those who are not provided with suitable microscopes can rent instruments from the University at a nominal charge of two dollars each semester.

The institution is always open for inspection any day during the school term and the faculty will consider it a favor to show the establishment to any member of the profession who will visit it.

We have a thoroughly equipped institution and we are trying to manage its affairs so as to merit the patronage of every member of the homœopathic profession. We feel that we are not receiving the support that we deserve and require, if the profession desires the welfare of the college.

During the past year two changes in the faculty were made: Dr. Asa F. Goodrich was appointed professor of skin and genito-urinary diseases and Dr. H. M. Lufkin was appointed professor of diseases of children, to fill a vacancy.

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#### A CASE OF LACERATED PERINEUM IN A CHILD FOUR YEARS OF AGE.

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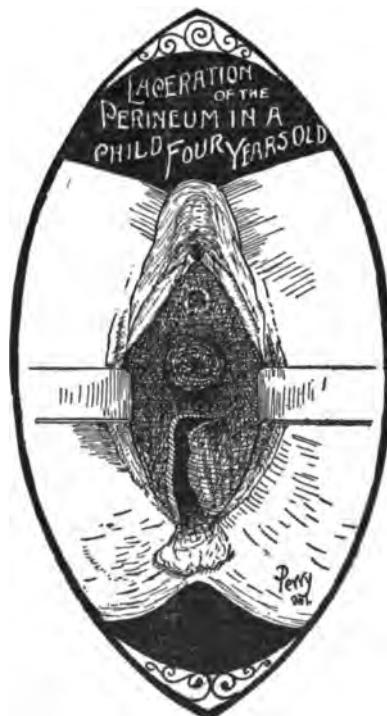
RALPH ST. J. PERRY, M. D.

FARMINGTON, MINN.

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Some time since I discharged from my care the youngest person I ever operated upon for a lacerated perineum, little Ethel G—, aged six years. The patient was brought to me from one of the towns up on the Mesaba range and the history of her case is peculiar in its evidence of man's inhumanity, and in showing the recuperative powers of the juvenile recto-vaginal tissues. When four years of age the child was decoyed from home, led into a nearby grove and

raped by a tramp. The legal phase of the case terminated the next day when the perpetrator of the outrage was buried at the county's expense. As soon as possible the child was taken to a surgeon, some hundred or more miles distant, and her injuries attended to. As to the exact condition immediately after the outrage I am unable to state, but whatever operation was made at the time to overcome the effects of her injuries was not wholly successful, as at the time of her coming under my care the case presented the following, as shown in the illustration:



There was a complete rupture of the perineum, through the external and internal sphincters, and a laceration of the recto-vaginal septum up to within half an inch of the at-

tachment of the cervix uteri, as shown in the accompanying sketch. The right labia minora was also torn in halves transversely. There was a prolapsus of the rectum, filling the entire vulvar orifice with folds of mucous membrane, and the movement of the faeces were only controlled to an extent sufficient to lead one to believe in the existence of a possible third sphincter of the lower bowel as mentioned by some anatomists. It was necessary to keep the child in diapers, for when the desire for stool came, it was impossible to retain the faeces long enough to reach a water closet unless one happened to be close at hand. The existence of this condition for two years had induced quite an extensive chronic congestion of the tissues about the orifices and some eczema of the skin of the inner aspect of the thighs.

Preparatory to the operation the child was fed on nourishing food, and the day prior thereto was given two enemas and at night one grain of merc. dulc. lx; the morning of the operation another enema was given and the lower bowel was thoroughly cleansed. May 15th at 11 a. m. the child was operated upon under chloroform. The rectum was torn along the right side for over an inch and then the tear turned to the left and extended transversely across the bowel to the opposite side. By drawing down upon the nates, the child being in the dorsal position, the parts concerned were fully exposed to view, small sutures being used to keep the labia and the bulging mucus membrane out of the way. The cicatrized edges of the torn bowel were denuded and united by six silkworm gut sutures, no effort being made at this time to secure a union of the sphincters. Aristol dressings were applied and the child's limbs bandaged together at the ankles and knees. On putting her to bed fifteen drops of paregoric (tr. opii camph.) were given to check peristalsis, and a purely liquid diet was ordered. In the afternoon a frequent desire to micturate developed and before nine o'clock the next morning she had urinated twelve times, necessitating constant changing of the dressings. In order to prevent any fever and

to control the bladder symptoms, aconite and cantharis were given in alternation every half hour for several hours, until the latter trouble passed away. Some nausea and vomiting called for an occasional dose of ipecac. On the seventh day under an anæsthetic, the stitches were removed and it was found that the upper half of the wound had united.

May 26th a second operation was performed to cover the failure of the first and including the sphincter muscles. When the sutures were removed one week later, it was found that there had resulted a perfect union of the rectovaginal septum, but that the stitches holding the sphincters in apposition had pulled out at some time owing to the restlessness of the child. Further effort to repair the ruptured sphincters has been postponed until the child is old enough to understand the necessity of keeping absolutely quiet. At the present time she has control of the bowels, there is no prolapsus and with the exception of the unrepairsd sphincter her condition is satisfactory to all parties concerned.

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#### REPORT OF A CASE OF TETANUS.

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R. K. PAIN,  
M. D.,  
MANITOWOC, WIS.

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July 21st, 1897, a young Polish man was shot in the palm of the left hand by the accidental discharge of a pistol containing a blank 22 cartridge. The tissues were considerably lacerated, and contained powder and the fragments of the shell. The wound was made as clean as possible by my assistant, Dr. Patchen, but a little suppuration followed and there was some pain and swelling in the hand. In about twelve days the wound had healed, but at this time he began to notice a little stiffness of the back, legs and jaws,

with some aching pains; very soon he could not open his jaws more than one-fourth of an inch, and he had difficulty in swallowing. The muscles of the face, and back of neck became somewhat rigid, giving the characteristic facial look of tetanus. He complained of headache, loss of appetite and weakness. His bowels moved easily. *Gelsemium verat. viride, nux vom. and strychnia* high were given him without checking the onward march of the trouble to any appreciable extent. It was then, after three or four days of this kind of treatment, that I decided to try tetanus anti-toxine, and accordingly it was injected into the abdominal tissues on the morning of Aug. 9. The evening following a profuse papular eruption appeared on the abdomen. This eruption was accompanied by intense itching, and it gradually spread all over the body. Four injections were made from eighteen to thirty-six hours apart, improvement being manifest in twenty-four hours after the first injection, and on the 18th of August he was discharged, cured of his tetanus.

The eruption continued from the first injection and until after he was all over the tetanus, in spite of all I could do, until I thought of trying a high dilution of the poison that caused it. Following up the thought I ran up the eighteenth dilution, or potency, of the drop or two remaining in the bottle of anti-toxine and gave it to him on No. 8 pellets. From the first dose he began to improve, and was soon rid of a very troublesome affliction.

The tetanus appearing so late might have been overcome without the attempted aid, as it has sometimes been done, and even in spite of bad treatment, and that may have been the case here; but be that as it may, I got a pretty good "proving" of tetanus anti-toxine, and by the aid of it have cured a number of very obstinate cases of skin disease, for which I got a fee. But it cost me about six dollars a dose to prove it, beside my professional services, as the patient was a Polak who promised big, and begged pitifully; but true to his race characteristics he went back on his word, his debt, and his only benefactor.

## THE RELATION OF HOMŒOPATHY TO POTEN-TIZED DRUGS.

MAYBELLE M. PARK, M. D., H. M.  
WAUKESHA, WIS.

I hesitate, from my few years of practice, to speak to you on a subject of such weight and fundamental importance, but I voice not only my own thoughts but the words of Hahnemann, the master of homœopathics, who gave us the Organon, the Bible of medical literature, the *Materia Medica Pura*, the masterpiece of *materia medica*, and the Chronic Diseases, the crown of therapeutics. Just as we go to the Bible for moral and spiritual guidance, so we should go to the Organon for definite and specific directions in any difficulty in our medical practice; it contains the alpha and omega of the laws governing the conscientious homœopathic physician. Says Dr. Kent, "Very few are able to read the Organon at first and see anything in it but words, and yet the oldest practitioner of pure homœopathy finds nothing in it to change and the older he grows and becomes more active in work, the more he depends upon it and the more consistent it becomes."

We are all apparently unanimous on the one law, "*similia similibus curantur*" but we are not united on the method of applying, or gaining, the result to be reached by the *similimum*. We jeer at the allopathic shot gun prescriptions but I wonder how many before me have examined their own ammunition lately. In the Organon we find what Hahnemann says in regard to the single remedy. Sec. 169: "On account of the limited number of thoroughly known remedies, cases may occur where the first examination of the disease, and the first selection of a remedy prove that the totality of symptoms of the disease is not sufficiently covered by the morbid elements (symptoms) of a single remedy; and where we are obliged to choose be-

tween two medicines which seem to be equally well suited to the case, and one of which appears to be homœopathic to a certain portion of the symptoms of the case while the second is indicated by the other portion. In these instances, after having decided upon, and prescribed one of these medicines as most eligible, it is not advisable to administer the remedy of our second choice without farther scrutiny because it may no longer correspond to the symptoms which remain after the case has undergone a change." Section 272 "in the treatment of disease, only one simple medical substance should be used at one time." Section 274. "Perfectly simple, unmixed and single remedies afford the physician all the advantages he could possibly desire." Note [139.] Section 272. "Some homeopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies seemed to be homeopathic to one portion of the symptoms of the disease, and where a second remedy appeared adapted to the other portion, but I must seriously warn my readers against such an attempt, which will never be necessary even if it should seem proper." [140.] Section 274. "Supposing the right homœopathic remedy to have been administered in a well considered case of disease, it would be preposterous to order the patient to drink some other medicinal herb-tea, to apply herb cushions, medicated fomentation, injections, salves or ointments; a sensible physician will leave such practice to irrational allopathic routine."

Some physicians even put two or more remedies in the same glass, saying whichever cures, let it cure. Is this the true physician whose "sole duty is to heal the sick in a mild, prompt and permanent manner" who doses the sick with many powerful drugs in hopes some one may turn the delicate deranged vital force into order? We can not tell how two remedies will work together for they have been proved separately and their combined action must necessarily be different than either acting singly. Section 124. "For these purposes [proving] every medicinal substance should be employed entirely alone."

Only one remedy should be used and only a single dose be administered—no other medicines being given until the first dose has been allowed to do all its work and the symptoms begin to return. Section 240. “A very fine dose of a well selected homœopathic remedy, if uninterrupted in its action, will gradually accomplish all the curative effect it is capable of producing in a period varying from forty to one hundred days. But it is rarely uninterrupted, and besides, the physician, as well as the patient, usually desires to accelerate the cure by reducing this period of time, if possible, by one-half, one-quarter or even less. Experience has proved in numerous instances that such a result may actually be obtained under the following three conditions: First, by careful selection of the most appropriate homœopathic medicine, secondly, by administering the medicine in the finest dose capable of restoring the vital force to harmonious activity, without causing violent reaction; and, thirdly, by repeating the finest dose of an accurately selected medicine at proper intervals, such as are proved by experience to be most conducive to a speedy cure.” Also in note [126] section 246, which I will not quote.

Even the practice of giving repeated doses until reaction sets in, is a bad one, condemned by Hahnemann, for the vital force cannot be hurried, the doses accumulate and act as one large dose which over powers the economy.

To accomplish his wonderful cures Hahnemann found crude drugs inefficient, after years of study and research he discovered a law as great as the law of similars—the law that substances become more and more active as they are deprived of the material through which they manifest themselves. The German chemists have lately re-discovered this same law. “Raullin succeeded in showing that nitrate of silver in proportion of one part to 1,600,000 parts of water would inhibit the growth of *Aspergillus higer*, and still further, discovered that this organism would not live in water placed within a silver vessel although no silver could be detected in the fluid with the most sensitive reagents.” Carl von Naegeli, the late distinguished botan-

ist followed out these clues finding that Spirogyra could not live in the most dilute solution of nitrate of silver. "He found that death occurred in three or four minutes in a solution of 1-1,000,000,000,000,000. In such a solution their could not be more than one or two molecules of the salt to each litre. Was the distilled water itself at fault? No, for within it the spirogyra thrived. Corrosive sublimate gave even more pronounced results; the organism died in a solution of 1-1,000,000,000,000,000,000,000,000. This could contain but a trillionth of a molecule to a litre. He discovered that many substances hitherto reputed insoluble in water, such as the metals: gold, silver, copper, iron, mercury, lead, and zinc, by their mere presence in the water, possessed this property." This hitherto unknown force he named oligo-dynamia. If these great chemists and botanists had listened to Hahnemann, they might have heard him say from fifty years ago in §269. "To serve the purposes of homœopathy, the spiritlike medicinal powers of crude substances are developed to an unparallelled degree by means of a process which was never attempted before, and which causes medicine to penetrate the organism, and thus to become more efficacious and remedial." §128. "The most recent experiments have taught that crude medicinal substances, if taken by an experimenter for the purpose of ascertaining the peculiar effects, will not disclose the same wealth of latent powers, as when they are taken in a highly attenuated state, potentiated by means of trituration and succussion. Through this simple process, the powers hidden and dormant, as it were, in the crude drug, are developed and called in to activity in an incredible degree. In this way, the medicinal powers, even of substances hitherto considered as inert, are most effectively developed."

Hahnemann then gives the process of potentization as well known to you all. He worked from these low potencies higher and higher, while during the last years of his life, he used the highest potencies he had made—the thirtieths, but he did not say "thus far, and no further shall you go," for in §160 we read—"The dose of a homœopathic rem-

edy can scarcely be reduced to such a degree of minuteness as to make it powerless to overcome and completely cure an analogous, natural disease of recent origin and undisturbed by injudicious treatment." And §280. "This incontrovertible principle, founded on experience, furnishes a standard according to which the doses of homœopathic medicines are invariably to be reduced so far that even after having been taken, they will merely produce an almost imperceptible homœopathic aggravation. We should not be deterred from the use of such doses by the high degree of rarefaction that may have been reached, however incredible they may appear to the coarse, material ideas of ordinary practitioners; their arguments will be silenced by the verdict of infallible experience." Hahnemann, in the *Materia Medica Pura*, under *Arsenicum*, says: "Can the subdivision of a substance, be it carried ever so far, bring forth anything else than portions of the whole? Must not these portions, reduced in size to the very verge of infinity, still be *something*, something substantial, a part of the whole, be it ever so minute?" Also §279, note [143] and last of note [126.]

These higher potencies allow us to go deeper and deeper into the vital economy and turn into order states that one could never dream of effecting with the third, tenth or even thirtieth. It is our duty not to yield to our prejudiced ideas and biased minds. We have solemnly taken upon ourselves to cure speedily, gently and permanently, and high potencies will cure more speedily, more gently and more permanently than the low forms. Some claim that high potencies do very well for old chronic cases, but are not suitable and will not act quickly enough in acute cases. They will relieve more quickly, of course, always taking for granted that they are accurately prescribed, and if given in time will break up the long runs of fevers which are always said to have to take their course.

I was called, hastily one morning, to a very sick girl. She had all the symptoms of so called appendicitis of the bryonia type; on the third day she came to my office, say-

ing: "Now, doctor, I want you to tell me what was the matter with me." When I said "appendicitis" she laughed outright. "Well," I continued, "if you want a longer attack you will have to go to another doctor."

Our family has always been accustomed to so called homeopathic treatment. My brother had a large boil on the side of his neck; he took cold in it and was suffering tortures; I gave him one dose of a high potency, about which he had been told; the next morning he said there MUST be something in it, for he was never relieved so quickly before.

Others claim that high potencies do very well for acute cases, but when it comes to long, old, deep, chronic cases you have to have something STRONG—with the idea that strength is always connected with material quality, taste and smell. By beginning a case with a low potency the curative power seems to go in a few months, although the symptoms still indicate the same remedy. What is to be done? The patient is not well; the first prescription was good for it acted well for a time. Now is the time to go to a higher potency; it takes up the work where the lower left off; goes deeper into the dynamic force and recovery continues.

**Case—Nov. 6, 1890.** Miss A., twenty-four years of age: Menses painful, irregular, every five, seven, or ten days, or two or three weeks; began when 15; back of head painful for two or three days before; bearing down, heavy pains when standing; feels as if something inside was tearing her to pieces; nausea, can't eat, restless; flow lasts about five days, intermittent, very scanty, very dark, flows more when quiet; periods get worse and more irregular during the school year; pain in back first two or three days; loses one or two days of school; back of head prickly, goes down back when menses are overdue; leucorrhœa for a week or ten days after menses; appetite good, can eat anything except milk, ice cream and fat; very thirsty; bowels not regular as a rule, better before menses, no urging, uses injections of warm water or salts on second day. Sleep, restless

before menses, terrific dreams. Perspiration stands out when in pain. Urine, sediment brick-dust last year. Better in morning after breakfast, dozy after dinner. Worse on damp, muggy days, can scarcely breathe. Warm rooms make her dull, heavy, goes to head; better in open air. Worries about work, keeps her awake all night. Eyes weak, smart, must wink, wore glasses for a while; worse at menstrual period. Catarrh, must clear throat, white glossy discharge, takes cold easily. Breath offensive, bad taste in mouth, worse before menses. Gave Puls. 51m. Has the blues, despondent, sensation of everything leaving her.

Nov. 14. Eyes examined, far sighted, slight astigmatism, greatly diminished by glasses. Stomach out of order, breath bad, tongue coated in morning. Backache in cervical region and in lumbo-sacral. Gave sac. lac. Dreams much, dumpish if she doesn't go to bed early.

Dec. 1. Pain in back of head and lower back, burning, could hardly sleep one night. Constipated last week, then 3 and 4 stools a day, thin, offensive; regular since then. Lips crack and scale. Gave sac. lac. Nervous headache from worry over school work.

Dec. 10. Feeling perfectly well. Constipated, much urging, stool dry and hard. Sac. lac. Restless for two or three nights, menses overdue.

Dec. 17. Menses began yesterday, two weeks late; great pain for a few hours; cold sweat vomited breakfast; heavy weighing down in uterus, better lying on right side, steady dead pain if lies on left side; flowing profusely; increases when quiet, none when walking. Better with hard pressure on back. Sac. lac. Bowels irregular. Feels splendid: ambitious.

Jan. 30, 1897. Is well, menses twice, no pain whatever, in school all the time.

1898. No return of the trouble.

This is a perfectly simple case, but it shows the effect of one remedy; the patient had no other treatment. It shows the direction of symptoms from within outward for, mentally, she herself, was feeling splendidly, while some of the

more superficial symptoms still remained. She got well while going on with her school work, improving instead of growing worse as she had done during the previous year.

You may say these cases would have recovered of themselves, although you are homœopaths, you say the patient thought he was taking something, and so just got well. There need never be any doubt as to whether a case was cured or merely got well, for Hahnemann tells us that symptoms must go from within outward, from above downward, and in the reverse order of their coming, and in chronic cases under this last head, the return of old symptoms which may have been suppressed for years, show that the vitality is returning on its old course and regaining its normal activity.

One cannot use high potencies successfully, unless he keeps records of the cases. This may seem at first a great waste of time to spend, possibly from one-half to two hours in taking a case, but in reality it is a time saver. When you once have the case, it is there for future reference; you can let it go from your mind with the assurance that you can turn to the details at any time, and as the patient returns from week to week you have to spend only a moment to determine the prescription; whether sac. lac., a repeated dose, or a new remedy. While with no record, you forget many important details, you have to question the patient each time, you have forgotten the potency and the time of administration, and the case becomes hopelessly confused.

The high potencies should never be used by one who is unwilling to work or think, but with a careful taking of the case, a thorough study of the remedies related to the case by means of repertories and the *materia medica*, the administration of a single dose of this remedy highly potentized, a patient watching and guarding of the case giving no other medicine or application of any sort so long as improvement continues, nor the symptoms begin to return, such a procedure will be rewarded by a success you have never attained before.

**MY PLEA FOR THE LITTLE ONES.**

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**ELSIE SCHMITZ, M. D.****MILTON, WISCONSIN.**

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I trust you will forgive me, if, as chairman of this bureau I have failed to secure help from those able to give it. You forgive me, and we will wish for them nothing worse than to be chairman of a bureau some time.

We are told that "The ideal doctor is a man (or woman) endowed with a profound knowledge of life and of the soul, intuitively divining suffering or disorder of any kind"; believing this, I come with "My Plea for the Little Ones".

For weeks, the clock has been saying, "Tell it", "Tell it". When asked where shall I tell it? With the persistency of Poe's Raven it has answered, "Tell it", "Tell it". The small voice said, "Don't you know about Milwaukee?" Memory answered, Yes—but they smoked so last year, you could not tell it. What! doctors, and at a convention, said I. Memory answered, Yes; you turned your head away from the smoke by the door toward the mantel and met the same there, a smoldering cigar, you looked toward the table and one was there, and you only coughed the more. Yes said I, but you must forgive if you would hope to be forgiven. The clock said "That's right," "That's right," "Tell it Tell it."

Yes I will tell it, in Milwaukee, the city by the inland sea where the people all have warm and loving hearts for the last of these little ones. Christ walked and talked by the sea, and if from among all the vast throng, one, only one, heard and told His story He was satisfied, and I shall be if my thoughts find echo in one true, loyal heart, be it father, mother or physician.

From the force of circumstances, habits are formed. From treading upon thorns, we learn to look for the roses. From peering through mists, to discern the cross. From repeated efforts we learn to discover the fountain head of growing evils. This cloud resting over us, has a dark side

of little wan faces chiding us for our neglect; the bright side begins to dawn, may it prove to be a golden one indeed. The child is tender, lead on softly, from the earliest ray of dawning life to be kind. Surround the maternal one with kindness, that it may permeate every atom and send vibrating through this new creation, tunes of peace. Nourish well into light this new life, let it be not starved or poisoned before the portals are passed. Born with a vitality that resists disease, born with a mind that fosters no evil, born with the life stream flowing strong and clean, well born the right of every one. Cramped by circumstances and corsets; starved from the lack of food; starved because the golden strings were never touched. It is the things we do not do, that leave those chords untuned. All lives are not only starved this side of the pathway of pain, but starved the other side. Poisoned by impressions that the builder can no more guard against, than can an architect against an earthquake. Sudden and revolting impressions oft repeated, send impulses all through this new creation. What are the consequences? Maimed in body and mind. Knowing all this we do not wonder that the mother is the last to give up her child. And "Could we judge all deeds by motives, See the good and bad within, Often we would love the sinner, All the while we loathed the sin."

Seeing a mother at a beautiful sanitarium during her last months of pregnancy, surrounded by things pure and sweet, my heart rejoiced that she could be there, rejoiced for her and the coming little stranger, but oh how it ached for the vast number of mothers toiling amid sin and poverty. Could the mothers of toil and care live in an atmosphere of helpfulness for a short time each day or week having conversation along certain lines of advancement, or a book now and then, their thoughts directed toward the welfare of country, boys and girls. The worth of such help could not be told; like the golden rays of sunshine as the season advances, creeping into the darkened dimmed recesses of the mind, carrying warmth and gladness to the

mother heart, whose throbs are the soul building elements of this newer life. Oh! men and women with purses of gold, don't send it *all* to foreign lands, help the heathen at home; build maternity hospitals, take in the unborn and let them be better born, read the biography's of the mother's of such noble men and women as Frances E. Willard, William McKinley and others. What were their surroundings during the building of those earthly tabernacles? Without that dawning in the morning, we could not have been so blessed. Do you care for more men and women of such force of character and purity of thought? Then see to it, that the artists have better light. Much attention is being paid to physical culture; that is well to a certain extent, if one-half as much were paid to prenatal psychophysiology for a few years, great would be the change.

A sweet little wife, a loyal American, about to give birth to an immortal soul, was told by her English Lord to prepare for a journey, that their heir should be born upon English soil, the land of his choice. With many regrets she did as he bade her. She went. It came. They conquered. The father was permitted to see the result of his dictation. What did he behold? A little stranger closely wrapped about with a beautiful silken flag; the mother's own loved starry banner. And he lived to see, manifested in their son, the loyal spirit that imbued the unborn, as the loving mother stitched her starry emblem. Born with love, and born with hatred, born of courage or of fear, born a hero or a slave, with no power to resist, this new craft is laden with impressions that will decide its manner of voyage, riding high the waves of temptation, or going down the whirlpools of vice in the river of time. A degree of this responsibility rests upon us, as physicians.

The mother's of our land are expected to give us noble sons and daughters. Can a builder having only nude material furnished him, build as one having the best? Have you a plant of precious worth, do you carry it to some dark place and leave it uncared for; light and sunshine forbidden it, a poisoned atmosphere compels it to

drink of stagnant waters; do you leave it there and expect it to obtain a perfect development? No—first of all you see that the urn that holds this treasure is in perfect order. Is the soil free of those deleterious products that will surely be absorbed by this growing plant, has it pure air, plenty of sunshine to give those softened tones? Ah, yes! Nothing must warp or dwarf this plant, all of this care must be given to secure a perfect fruitage.

The great Son Divine runs through all His works from plants that perish to those that contain the immortal soul.

To the mother's from whom the light of life has been withheld, we, as physicians, must give of our knowledge of the great plan so wonderful and divine, of unfolding to life this precious plant, that it may be endowed with good, for future need.

#### THE NEW LEAF.

He came to my desk with a quivering lip—  
The lesson was done—  
“Dear teacher, I want a new leaf,” he said;  
“I have spoiled this one.”  
In place of the leaf so stained and blotted,  
I gave him a new one all unspotted,  
And into his sad eyes smiled—  
“Do better now, my child.”

I went to the throne with a quivering soul—  
The old year was done—  
“Dear Father, hast thou a new leaf for me?  
I have spoiled this one.”  
He took the old leaf, stained and blotted,  
And gave me a new one, all unspotted.  
And into my sad heart smiled—  
“Do better now, my child.”

#### THE CARE OF CHILDREN.

EVELYN HÖHNE, M. D.

MILWAUKEE, WIS.

Good health is the basis of all noble achievement in life; therefore the most important duty of every individual is to secure good health if ailing, and to maintain it, if already the fortunate possessor of such. An eminent physician once asked the secret of good health, replied: “Simplify” —

that applies to adult and infant alike, to all stages and states, in short, to all phases of life. Statistics show that nearly one-third of all deaths are of infants under one year, and it is the exception when a child escapes a severe illness during the first twelve months of its life. Nearly all have a good beginning and seem to thrive the first few weeks or months, only to succumb, a little later, to the ravages of disease.

There is a lack of appreciation regarding this very evident and most lamentable fact. Perhaps it is not wholly indifference. Mere statistics rarely appeal to the average reader, and unless attention has been attracted by deaths among relatives or friends, there is apt to be no just realization of possible danger, hence little precaution.

What is the cause of this appalling mortality? Unphysiological marriages and heredity may account for it in part, but in my opinion it is largely due to a lack of proper care.

The hygiene of the child, properly begins at conception; indeed, there have been influences at work in shaping its destiny long before that time. However, since I am to confine myself to the child's present existence, it will not be necessary to refer back to Dr. Holme's one-hundred years of culture before birth. It is my custom, when assisting at a birth, to give the child an inunction of olive oil, sever the cord, and wrap the baby in a soft, warm flannel. I then remove the mucus from the mouth and throat, cleanse the eyes with warm water and have the child laid away for a rest of about an hour or more, after which the nurse is given directions to oil again, wash face, hands and buccal cavity, with warm water, wrap navel with absorbent cotton, apply band loosely, dress in a slip, and if the mother is sufficiently rested, put the child to the breast. An occasional oil bath thereafter, until the remnant of the cord is detached, when it is ready for its daily tub, sponge, oil bath or dry rubbing, as shall be deemed expedient. This should be given at a regular time, either a half hour before, or two hours after eating. The routine practice of the daily water baths for all babies, strong and weak, alike, is not justifiable; the

weaklings thrive much better on an oil or dry rub with an occasional water bath. Where children rebel very much against an ordinary bath, and it is only accomplished with great difficulty, a few doses of sulphur will most invariably overcome this antipathy, and bathing will become less objectional, if not wholly a pleasure. The use of harsh soaps on tender skins should be avoided. Ivory, castile, or similar soaps are good. The bath should not be above 98½° F. and children can be bathed with advantage in water, having a much lower temperature. A warm saline bath, oiling or dry, rub at night, often enables a restless and nervous child to obtain a good night's sleep, when without it would toss about the greater part of the night a source of discomfort to itself, and an annoyance to others.

I usually see my obstetrical cases some time before confinement, (rarely having an emergency case) when the prospective mother is given direction regarding baby's wardrobe, which she generally takes kindly and follows as well as circumstances permit, if it happens to be a primipera. If, however, there have been one or more children before, the doctor's advice must take its slender chance against the accumulated stock of floating wisdom. The one recommended is the "Gertrude" dress, the pattern of which Dr. Grosvenor of Chicago, kindly gave me, some years ago; it consists of three slips, each about twenty-eight inches in length; the first, flannel, with sleeves worn next to the body instead of the conventional shirt which is very apt to slide under the arm; the next, sleeveless, of outing flannel, then the outer one, or dress, to be made of any material desired, making three light, loose garments, which give the required warmth, and perfect freedom of motions; to this add the diaper and a pair of stockings, and we have the outfit complete. The bands should be discarded when the remnant of the cord is detached. A flannel slip and nightdress is all that is required for the night. Children should be accustomed, as early as possible, to sleep in a dark room; it is especially desirable for children of a nervous temperament, for the light in a sleeping room is an unconscious stimula-

tion to the nervous system; but it is most often the nervous, sensitive child, whose imagination has been filled with fears of divers impossible, shapes and hob-goblins hidden in the dark, ready to pounce upon it for the real or fancied misdeeds of the day, who fears to be alone in the dark. Unfortunately that is the mode of government in many families.

It is well to keep children out of the turmoil of every day life the greater part of the time until they are at least a year old; isolate them that they may have an opportunity of conserving their nerve force which they do not have when treated in the ordinary way; handed about to be admired and kissed, rocked, shaken and tossed about, the helpless plaything of everybody; in fact, the manner of their treatment would make an adult, strong of nerve, and in perfect health a helpless wreck in a month.

Baby's sleeping room should be moderately warm and well ventilated; baby itself should be lightly but warmly covered, and its head left bare. Excessive perspiration may mean less covering and more ventilation instead of calcarea carbonica.

I believe all present will agree with me that it is next to impossible to induce mother's to feed their babies properly. The stuffing process that most children undergo, in order, as the adoring mothers say, "To make them big and strong" would severely tax the digestive powers of a good sized giant. The diversity of opinion among physicians in regard to this matter of feeding, may be one of the drawbacks in bringing about a reform in this direction. I think I am safe in saying that we are all agreed upon regularity, if not the quality and quantity to be fed, and the intervals between feedings. If only that one rule would be insisted upon, many evils might be avoided—the problem of artificial feeding might thus be more easily solved. Babies do not relish nor digest their food when stuffed to repletion any more than adults. "It is a healthy baby that vomits," is an old saying. God help the poor baby who does not, for under the present mode of feeding it would be a miserable baby indeed. A child that is comfortable and happy will

digest and assimilate his food perfectly; hence does not require much. Crying is only a manifestation of pain and discomfort, rarely of hunger, and never of natural depravity, unless because of the depravity of the parents. From its birth, a child should be fed from three to five times daily, and not at night; never oftener, and many times less often would be more advantageous. And now what to feed? If the child is fortunate enough to have its natural food it needs no other until it is weaned, about the twelfth month, when some other liquid or semi-solid food should be substituted for the mother's milk. If for some reason, (and it should be a very good one) it cannot have its rightful nourishment, it is often necessary to try many different kinds of foods before a suitable one is found; if it survives this ordeal of experimentation and is properly fed afterwards, there will be very little trouble. The value of the numerous artificial foods on the market cannot be discussed here, as it is too lengthy a subject in itself for such a short paper.

The indiscriminate use of lime water should be condemned, as it prepares the way for mischief later. A mixed diet and solid foods before baby can masticate them, are injurious and should be withheld until most of the teeth have made their appearance. The habit of giving babies all kinds of teas, nauseous doses of patent medicines, to say nothing of liquors, is reprehensible to the last degree. How often do we hear people speak of their having inherited dyspepsia—it is so easy to shift the blame of a worn out stomach to ancestors who are not here to defend themselves. Bad stomachs are made by improper diet, often during the first years of a child's life. Were nature not so recuperative, dyspepsia would be much more prevalent than it is; and there are already too many sufferers from that condition. When disease appears in the child, attention should be called to the primary cause, which is usually over-feeding; the child can digest only a small quantity of food at a time; over-feeding causes indigestion, which means poor nourishment and the overtaxing of the eliminatives to get rid of the waste, causing general deterioration. Feverishness and

restlessness arise from foul air, overheated rooms, and excessive clothing, not from fresh, cool air. It is safe to say that ninety-nine per cent of the colds are induced by too much food, not by exposure, although that may be one of the factors, the proverbial "last straw". In case of sickness, the appetite is not always to be trusted, especially in infants; a child will often nurse when it is not hungry, but has irritation or inflammation of the stomach, and needs water instead to quench the inward fire that is consuming its vitality. It is well to offer children water occasionally, and they should be taught to drink it often.

For ophthalmia neonatorum, I seldom find it necessary to use any thing but cleanliness, and argentum nitricum 30x, often directing its local use in the same dilution.

Dentition is a natural process, and if the child has had the proper previous care, and has no pronounced constitutional dyscrasia, it should be accomplished with very few, if any, disturbances; on the other hand, if it is weak naturally, or has not been well cared for, it is apt to be affected through the gastro-intestinal canal manifested by diarrhoea and vomiting, or through the nervous system by irritability, sleeplessness or spasm. A rachitic child does not always have delayed dentition. I have had under my care several cases of children with a decided tendency to rachitis, who have been unusually precocious in the eruption of their teeth. Decay of the teeth is a local expression of an internal disorder, consequently systemic treatment for the condition should receive as much attention from us as any other of the child's ailments. It is still surprising how prevalent is the idea among the laity, that fever patients should not be allowed water, and I am compelled to state, to some extent in the profession as well. Often no amount of persuasion will induce mother's to give their sick babies all the water they require. The question is frequently asked, "Can the patient have water?" or, "Can he have all the water he wants?" We all know it is the most important therapeutic agent we have in the cure of fevers and wasting diseases. If it is reasonably pure, give it as it comes

from the hydrant or well, microbes included—don't take all the life or oxygen out by boiling.

For colic, nothing is better, except of course, the indicated remedy, than hot flannels over the abdomen, a spoonful of hot water given by the mouth, and if the pain does not subside with this treatment, give an enema of hot water, or a bath as warm as can be borne. Baby's bowels should be carefully watched; when stools vary often from the normal, look out for the quantity and quality of its food. In case of diarrhoea, it is well to discontinue all food, if the child is artificially fed, and give barley water. The longer I practice and the more extended my observations, the more am I convinced that more disorders of childhood are caused by over-feeding than by all other causes combined.

All skin diseases should be treated with internal remedies; no outward application should be used, and the culpable practice of forcibly removing the scales of crusta lactia should be discountenanced. We have a multitude of reliable remedies, among which are our anti psorics, which will do us wonderful service in treating the ailments of children. A thorough acquaintance with the therapeutic range of each remedy should be cultivated to obtain their best service. Since ignorance is the cause of a large percentage of diseases among children, what is the physician's duty in the premises? To instruct, and enlighten as opportunity offers. To be sure our motives will often be misconstrued, and many times will we become discouraged because our directions are neglected or ignored if not entirely forgotten. Small wonder, sometimes, where there are so many friends and relatives, advising as many different modes of treatment, until people become so confused that they scarcely know what they are about.

Reforms are slow in coming. "Line upon line, and precept upon precept." Here a little, there a little; a word in the right place may take root and bring forth fruit to make the life of some little one more beautiful for having been spoken. Let us then take fresh courage for this stupendous task of educating the mother's to a better understanding of the care of the children entrusted to their charge. Timely advice given in the right spirit, may save many a young life from severe illness, if not from premature death.

**MINNEAPOLIS**  
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**EDITORIAL**

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**ADMINISTRATION OF HOMOEOPATHIC REMEDIES.**

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With some homeopathic practitioners, the manner in which they administer remedies, is a matter of supreme indifference. Having obtained what they consider reliable indications, they forthwith proceed to deal out the medicine required, in any way that happens to come handy. Often they call for a half glass of water, the purity of which they do not stop to question, pour a few drops of a dilution into it, and go away satisfied that they have done their duty. Convinced that the indicated remedy has been given, they give the matter no further thought, but confidently await prompt and favorable results. Occasionally, however, there is a lack of response which is as disastrous as it is surprising. Text-books are usually consulted, the gamut of potencies is run—but how often does it occur to the practitioner that the failure may lie in his own careless method of administration?

In the first place, when a medicine is given in water, that water should be pure. Distilled water is seldom accessible, but boiled water nearly always. There is no certainty that the average well water is pure, and no way of knowing that it does not contain agencies that will counteract or practically annihilate the effects of the remedy. Under the circumstances, boiled water is much the safer and better. And when the medicine has been put into the glass, the latter should be carefully covered. Water standing in a room catches all kinds of dirt and absorbs all kinds of gases, to say nothing of its flat and stale taste after being left uncovered for a time. It is also very satisfactory to keep the covered glass standing in a basin of cold water. The physician who has his remedy glasses kept in this way, will not only get better results, but earn the gratitude of his patient.

There are times when it may be advisable to dissolve a little of the trituration of a drug in a half glass of water, but often this is not satisfactory. The sugar of milk dissolved in the water gives the mixture a nauseating taste far from agreeable to a delicate stomach. There are people, also, who cannot even take a powder dry upon the tongue, the sweet after-taste being objectionable. The same is also true of disks, in some cases. In these instances, the physician's ingenuity comes into play, and its use will sometimes work good results. Those who object to disks will often take the dilution itself in one, two, or three drop doses. The sharp taste of the alcohol also has a good moral effect on some people, who imagine they are taking something that is very powerful.

Within the past few years the administration of remedies in tablet form has become very popular. This is a handy method, but has its disadvantages. Some of the tablets upon the market are as hard and indigestible as bird-shot, and rattle along through the alimentary canal in a manner sometimes less disastrous to the disease than to the patient. If any benefit is to be derived from a homœopathic remedy, that remedy must be in a form to be readily absorbed. It

must also be in unadulterated condition, not contaminated with any of the materials sometimes employed in making these tablets.

Our opponents sometimes wax hilarious over our tasteless doses; but it is a fact not to be forgotten, that those same pleasant preparations have been of untold moment in making homeopathy strong with the people. It is naturally more agreeable to cure one's self with something good, than to be obliged to resort to some malodorous mixtures that stirs up the indignation of taste and smell every time it is called into requisition. Slowly but surely, this fact has oozed through the craniums of our enemies, and to-day their pharmacists are devoting time and money to getting up palatable preparations. We should not fall behind them in the race. We cannot afford to give our patient's ill-tasting slop when a little care will prevent it. Nor can we advantageously leave any stone unturned to make our remedies freely absorbable, pure, agreeable, and correspondingly effective.

H. B. D.

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## EDITORIALETTTS.

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### GROUNDLESS FEARS.

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Dr. G. Stanley Hall, president of Clark University, according to the *Scientific American*, conducted a series of inquiries among nearly 2,000 persons, and a majority confessed to a fear of thunderstorms. That such a fear is groundless, in the majority of instances, is proved by the statistics of the United States weather bureau for the four years 1890-93—when 784 persons were killed by lightning in the United States. An average of 196 per year. Now, in comparison with this, consider that in New York City alone, 200 people are drowned each year, 150 scalded or burned to death, etc., etc.; in fact if statistics are to be believed, the risk from death by a horse kick is fifty per cent greater in New York, than that of death by lightning. Again, there is five times as great a liability of being struck by lightning while in the country, than while in the city.

And the popular belief that a stroke of lightning is necessarily fatal is fallacious; as but one-third of those persons struck by lightning die as a result.

Perhaps a more direct cause of this fear, other than the psychological one ascribed to it, is to be found in the fact that the electrical tension of the atmosphere is so modified as to affect many nervous persons so seriously for hours before a thunderstorm, that they are unable to control themselves and throw off their fears.

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Recent advices tell us that in various localities, the cinematograph is being used in medicine for purposes of study in observing muscle motion in the various forms of spasms; the gait and posture in locomotor ataxia; the in-co-ordination in certain partial paralyses; the wasting of muscles and gait of hip joint disease, etc.

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The bubonic plague which has devastated portions of India, China and the East, has been definitely known to start from centers in Mesopotamia, in the province of Hunan, in China, and in Thibet. A fourth center has been located in the Hinterland of German West Africa. The rat plague precedes the plague affecting humans; and the old theory that it was due to filth and social misery, has been exploded, but no satisfactory explanation has been given as to its origin.

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*The Medical Century* tell us, editorially, that the Rhode Island Supreme Court has decided that Christian Scientists cannot be interfered with by the State Board of Medical Examiners.

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In Kansas the Attorney General has delivered a similar opinion.

In Iowa, osteopathy has won its fight, and they are by law allowed to practice in the state. Vermont, North Dakota, South Dakota, Missouri, Michigan, Colorado, North-Carolina, and Kentucky have similar laws.

Dr. H. H. Chase formerly of Duluth, now of Rock Island, Illinois, in the August *Medical Century*, highly lauds methylene blue in two grain capsules t. i. d., for the cure of cystitis and its attendant symptoms, also in gleet and gonorrhœa. He finds Merck's preparation best; but it is inoperative, unless the urine be colored indigo blue by it. He asks as a favor for reports of cases.

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## NEWS AND NOTES.

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A new abortive treatment of erysipelas consists in applying a thick layer of idoform iodinated collodion, 1-10, to the whole erysipelatous surface. Immediate relief is experienced. Good effects due (1) to direct antiseptic action. (2) to mechanical action of constriction.—*Medical Times*.

It is a fact that peanut flour contains little if any carbohydrates. Bread and biscuits, made from it, which are highly palatable, are used in diabetes and obesity.—*Medical Times*.

To remove warts painlessly and with avoidance of scars, apply a supersaturated solution of potassium bichromate once daily.—*Medical Times*.

Cimicifuga, in small doses, it is claimed, often arrests the sweat of rheumatism.

To remove tapeworm give one drop of croton oil dissolved in 30 drops chloroform, and one ounce of glycerine, at night, on an empty stomach, followed in the morning by sufficient castor oil to purge well.

When a hernia has protruded and become incarcerated and its reduction proven difficult and even seems impossible on account of corpulence and owing to tension of the abdominal muscles, place patient in a warm bath (102° F.) After fifteen minutes the vessels become relaxed and the tension of the striated muscles ceases, the reduction is generally easy.—*Pop. Zeit. fuer Hom.*

Treatment of gonorrhreal rheumatism in Metropolitan Hospital, N. Y. by Esmarch bandage. If rheumatism is in knee which is the favorite location, the Esmarch bandage is applied, beginning at ankle and encircling the leg to lower border of knee, beginning above the knee with another bandage. Encircle the thigh. Bandage wound sufficiently tight to obstruct circulation and leave on fifteen minutes to one hour according to tolerance of the patient bandage acts by destruction of the gonococci, due to their deprivation of oxygen. One to six applications and the use of the indicated remedy cures the case.—*Medical Times*.

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#### HYDROCHLORIC ACID IN SCIATICA.

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Hydrochloric acid painted over the painful part of the sciatic nerve, 4 coats, limb enveloped in cotton wool dressing. Skin is reddened and bullæ may form but disappear. Application can be repeated in 24 to 48 hours but not again for several days for fear of sloughing—*London Homœopathy Review*.

The worst thing about a cigarette is its odor—*Homœopathic Recorder*.

Our idea is then, that it should be condemned on aromatic grounds.

Dr. L. D. Shipman has removed from Preston, to Canton, Minnesota.

Dr. C. W. Putnam of Minneapolis, is convalescing after a serious illness; gastritis with nervous prostration.

Dr. Wm. Pepper of Philadelphia, died recently.

Dr. Henry C. Aldrich, has been appointed surgeon on the Homœopathic Staff of the Minneapolis City Hospital.

Dr. Cornelia S. Stettler of Chicago, is died recently.

Dr. O. H. Hall has removed from St. Paul, to Zumbrota, Minnesota.

Dr. L. C. Hedges has removed from Ravenswood, Illinois, to Jaynesville, Wis.

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### PROPHYLAXIS OF YELLOW FEVER.

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R. B. LEACH, M. D.

ST. PAUL, MINN.

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The prophylaxis of disease implies the practicing of every possible precaution against the same; but, in this paper, I have considered only such material intervention as is exemplified in vaccination, for it is my firm conviction that a similar remedial protective against yellow fever exists in the armamentarium of homœopathic potencies and that the prophylactic, as well as the curative, potency of any substance foreign to the human economy is comprehended in the simple equation:—similitude plus greater intensity; or, as Hahnemann so lucidly amplifies the same idea, "It is by virtue of its similitude, combined with greater intensity, that the drug disease is substituted for the natural disease, thus depriving the latter of its power to affect the vital force" (a); and, upon the basis of this aphorism, I shall try to discover you the practicable remedial prophylaxis of yellow fever; a malady at this time especially interesting to every American citizen, but even more so to every American student of preventive medicine.

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(a) Hahnemann's Organon of the Art of Healing; Chapt. 34.

Among other equally patent truths, Hippocrates enunciates the axiom that, "Only that remedy can prevent a disease that possesses the power of curing the disease feared; and of producing in the system, a condition contrary to the disease and its influences". (a.)

In the search for such a specific remedial prophylactic against yellow fever, common sense, as well as synthetic reasoning, determines that this combination of cause and effect prevails; therefore no student of similia can, for one moment, concur in the allegations of Sternberg and Carmona who advocate, empirically, inoculations against this disease; for their's is a practice as unscientific and disgusting as the anti-choleraic inoculations of Ferran or Haffkine against asiatic cholera, or of Breck against syphilis; for, with our law of cure and prevention, we can not even imagine a case of this fever cured by adding to it the blood or urine from another case of the same disease, any more than we can imagine a case of "old ral" cured by adding to it the blood or urine from another case of that specific morbid condition; neither can we imagine the prophylaxis of well persons effected against yellow fever by inoculations with the "blood or desicated urine taken from a case of yellow fever when at the height of his disease." (b.)

Therefore, while we recognize, in vaccinating one already suffering with smallpox, that, by virtue of the similitude of our vaccine matter, (not its sameness,) we may "lessen to a great extent the virulence and danger to a subsequent eruption of smallpox" (c,) we can not expect to cure smallpox by inoculating our patient with smallpox virus or with the blood or urine from another case of the same disease; for we can not, in this way, effect in said patient, a "condition contrary to the disease and its influences"; and, for this same reason, can not prevent this disease, in well persons, by any such dose of isopathy; Sternberg and Carmona,

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(a)—*Aphorisms des Hippokrates (Bœninghausen)*; p. 273.

(b)—*Report Amer. Pub. Health Ass'n*; pp. 278-288.

(c)—*Organon*, Chapt. 46.

Ferran and Haffkine, Roux and Behring, Pasteur and Koch, to the contrary, notwithstanding.

Yet we are equally certain that "smallpox, by virtue of its similitude, as well as superior intensity, to the same, often cures other morbid maladies" (a); but we also know that "great as the resources of nature are, she possesses no other (homœopathic) means of cure, besides a few miasmatic diseases of fixed character; (a) and that some of these in their capacity as curatives, are more dangerous to life, and more to be dreaded than the disease which they cure" (b.)

The sooner, therefore, that the advocates of bacteriology and serum-therapy or isopathy, recognize the scope of the former to comprise pathology and differential diagnosis only, (which can become effective only after disease exists), and that serum-therapy is often more dangerous to life and more to be dreaded than the disease which it professes to cure or prevent (c), and that "man possesses great advantages over crude nature, as observed in accidental phenomena, for he has at his disposal many thousands of homœopathic morbific potencies, in the form of medicinal substances, in which nature abounds for the benefit of suffering fellow beings", (e) the sooner will we reduce the mortality rates in all epidemic and endemic, contagious or infectious diseases; and that the sine qua non of all alleged curatives and protectives is the proved lessening of mortalities when they are exhibited as such.

At once Edward Jenner practically demonstrated the efficiency of his alleged prophylactic against variola his allopathic colleagues subscribed to his asseverations and practice, and now have laws passed, wherever possible, compelling submission to the practice, yet they did not then, nor do they now, recognize the natural law of cure and prevention which governs vaccination, as it governs, absolutely, all other alleged curatives or preventives, for they have, almost continuously since his day, foisted in-

(a) Organon; Chapt. 46.

(b) Ibid; Chapt. 50.

(c) Dr. Cordeiro in Med. Record, Apr. 13th, 1895.

(e)—Organon; Chapt. 51.)

numerable so-called specific curatives and prophylactics upon the credulous public and unstudious and unthinking colleagues, until we may rightfully expect them to soon promulgate a specific remedial prophylactic against "cur-tain lectures" for the fellow who gets home "just a little off" and that this is to be made effective, each man for himself, by injecting into his good wife's arm, just before going to "the office", a dose of dessicated urine or just a little blood taken from some local Xantippe. Why not? This is certainly as scientific an hypothesis as any other serum-therapy guess-work, and, I am inclined to believe, would prove equally efficacious, under test.

That there is a specific remedial prophylactic against every specific infectious or contagious disease is not to be doubted by students of preventive medicine; for it is known that "each epidemic possesses a peculiar, uniform character, common to all individuals attacked by the epidemic disease" (a) "which attacks many persons at the same time; they arise from the same cause and individual cases resemble each other; and, as the cases of disease are of like origin, they are also alike in their manifestations" (b); ergo: —given that agglomeration of signs and symptoms, characteristic in all provers of a given drug (all thus arising from the same cause,) the individual cases will resemble each other in manifestations; and these once the similimum to the agglomeration of signs and symptoms which characterize any specific infectious or contagious malady are always the similimum to this same condition.

Thus our remedy being the nearest similimum to this specific morbid condition, it is most likely to prove curative of the same; and, consequently, if administered in perfectly well persons, will prove prophylactic against its similar (morbid malady;) for it is positive that "two diseases, being similar, can not exist at one time in the body" (c) and that any drug, being similar in manifestations to any disease, is

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(a)—Organon; Chapt. 241.

(b)—Ibid; Chapt. 73.

(c)—Ibid; Chapt. 45.

more potent, either as curative, or as prophylactic, than "any miasm or perversion of nature's laws" (d); for "experience leads to the undeniable conclusion that the living, human organism, is far more disposed and inclined to be affected, and to have its feelings altered, by medicinal powers than by other noxious agencies and contagious miasms" (a.)

This, then, being the only scientific, common sense, modern elucidation of the prophylactic powers alleged of any material substance, now that our cohorts of unacclimated fellow citizens, (sublime in their unselfishness and chivalrous in their deliverance of the weak and oppressed,) have invaded Cuba in the interest of benevolence of humanity and of peaceful and orderly government, and since the Surgeon General of our army (the advocate of inoculations with either desiccated urine or blood from yellow fever patients) makes the statement that "the medical officers accompanying the troops to Cuba will be instructed fully as to the best methods of protecting from yellow fever," and it is fair to presume that inoculations will be included in said instructions, it behooves us, as students of preventive medicine, to not only attempt to discover to our colleagues of all schools of medicine a theory of aseptic remedial protection against yellow fever, but to also protest, most vehemently, against putting into practice, upon our soldier boys, any and all such mediæval hypotheses and sophistries anent inoculations "with the blood or desiccated urine taken from yellow fever patients" for such practice was long since recognized, by unbiased physicians, as more dangerous to life and health than the disease feared.

Many good men of our school have practiced among the stricken with yellow fever and a limited number have conscientiously sought for the active principle of remedial prophylaxis against this disease and, from their investigations, we have the recommendations of Hering, "who suggested carbo vegetabilis as corresponding better than any

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(d)—*Ibid*; Chapt. 33.

(a)—*Organon*; Chapt. 33.

other medicine in the totality of the conditions found in yellow fever" (a); and, "in view of the recommendations of Holcombe and Neidhard, it is interesting to know that, in the endeavor to secure a prophylactic remedy, the crotalus poison has been administered extensively in New Orleans and Cuba as an inoculation remedy; and, it is claimed, with considerable success" (b); and still others commend lachesis as such specific remedial prophylaxis but none of these represents the nearest simillimum to that condition wherein we are taught that "the individuals who suffer from a prevalent epidemic are apt to suffer alike, because each case arises from the same source" (c); for all have, apparently, overlooked Hahnemann's most specific injunctions wherein he admonishes that "in making this comparison, the more prominent, uncommon and peculiar (characteristic) features of the case are especially, and almost exclusively, considered and noted; for these, in particular, should bear the closest similitude to the symptoms of the desired medicine if that is to accomplish the cure" (d) or "effect the prophylaxis against its similar" (e).

Now while carbo. vegetabilis, (according to Raue and Kippax) (f) is indicated for "headache" and "for pupils that do not respond to the light" and "hemorrhages from the eyes" and "pointed nose" and for "pale face with hemorrhages" or for "yellowish, grayish, hippocratic face"; for "cold sweat on the face" or for "bloody saliva" and for "threadlike, intermitting or small, scarcely perceptible pulse" or for "heaviness of the limbs and discharges of blood or other offensive or foetid discharges"; for "trembling and icy coldness all over"; for "sweat on the face with restlessness and sleeplessness from suffocating sensations," you will notice that we have not mentioned anything particularly characteristic of yellow fever; no symptoms that are not equally characteristic of several other remedies indicated in diseases of a debilitating, disorganizing charac-

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(a)—Goodno; p. 125.

(c)—Organon; Chapt. 102.

(e)—Hippocrates (Boenighausen); p. 273.

(b)—Ibid:

(d)—Ibid; Chapt. 153.

(f)—Raue; p. 217.

ter; nothing, in fact, answering to the imperative similitude specified as being "the most prominent, uncommon and peculiar (characteristic) features of the case"; which, to prove curative or preventive in the majority of instances, and without other aid, must bear the closest similitude to the symptoms of the desired medicine"; so that while carbo. vegetabilis is unquestionably a most potent remedial factor under certain circumstances it is not the nearest similimum to yellow fever and does not, as Hering thought, "correspond better than any other medicine to the totality of the conditions found in yellow fever" and can not, therefore, be further considered as a probable or even possible prophylactic against this disease.

So while it would be good time wasted to consider further the caricatures of so-called scientific medicine (i. e., inoculations with the blood or desiccated urine taken from yellow fever patients) advocated by those who disparage the investigations made by the painstaking homœopathist who demands only the truth, unembellished, a further comparison between the provings of *crotalus* and *lachesis* and the signs and symptoms of yellow fever goes to show that whereas there are, in our publications on yellow fever, (a) 310 possibly different symptoms of the disease mentioned (corresponding to the different phases of the disease as found in different persons) that *crotalus horridus* is the similimum to but 41 of these; *lachesis* the similimum to but 35; and *carbo vegetabilis* to but 25, while *arsenicum album* is the similimum to 176 of this same group; including almost every symptom mentioned under *crotalus* and *lachesis* and all but two symptoms mentioned under *carbo vegetabilis*. (b.)

Again, considering the disease in stages, research, concerning these same drugs, in relation to this malady, goes to show that while "crotalus and carbo vegetabilis are indicated in collapse" (c) "that arsenic is also indicated under the same circumstances" (c); that while *lachesis* or

(a)—Laue; pp. 976-981., Goodno, pp. 119-123. (b)—Banerjee—Calcutta, India,  
(c)—Kippax; p. 214.

possibly crotalus are indicated during the stage of reactionary fever" (d) that "they are only indicated should arsenic fail the prescriber" (d); that where "crotalus is indicated in hemorrhages from the intestinal canal" (d) arsenic is also indicated; other arsenicum symptoms usually prevailing.

Again: in stages where crotalus and carbo vegetabilis and lachesis are not referred to at all "arsenicum album will be your main reliance" (a); as "in the stage of calm" (a); "when there is prolonged and distressing nausea" (a); "for black vomit" (a); "for hemorrhages from the uterus" (a); "when diarrhoea or dysentery supervenes" (a); "for albuminuria or for difficult urination with scanty discharge; or for retention of urine" (a.)

While "the important diagnostic symptoms of yellow fever are the peculiar face, the temperature curve, the relation between the temperature and pulse rate and the discoloration of the skin (the appearance of the face having been variously described as besotted, or resembling the face of measles prior to the outbreak of the rash)", (b), the fact remains that this, according to my authorities (c), is almost identical with the provings of arsenicum album and that neither crotalus nor lachesis has an equal similitude; consequently neither presents a picture at all similar to what might be styled "the most prominent, uncommon, peculiar (characteristic) features of the case" of yellow fever and can not, therefore, prove curative in the majority of cases; and, not being curative under these circumstances, neither can be entertained further as probable factors in "producing, in the system, a condition contrary to the disease and its influences" for neither most nearly resembles that condition in which it is said "the individuals who suffer from a prevalent epidemic are apt to be affected alike

(d)—*Ibid*; p. 214.

(b)—*Goodno*; p. 122, *Roberts*; p. 240.

(a)—*Kippax*; p. 214.

(c)—*Heinigke*, *Cowperthwaite*, *Hering*, *Farrington* and "The Reference Handbook of the Med. Sciences"; vol. 1, p. 346.

because each case arises from the same source". (a)

That arsenic should prove to be prophylactic against yellow fever and asiatic cholera equally; i. e., to be the most perfect picture, as it were, to two different though very similar, morbid conditions, is not to be doubted however incredible at first thought; as we see this dual action of drugs equally exemplified in the prophylactic property of belladonna against both measles and scarlatina (b) and of vaccina against both varicella and variola; while, upon mature thought, we should, naturally, expect nothing else from a drug, in relation to two such maladies, which, though different in name and usual habitat, are so very similar in effect; in onset, course, totality of symptoms, manner of recovery or death or in mortality rate, are alike endemic only in low lying, tropical, sea girt countries; alike favored in propagation by long continuance of high temperature following heavy rains and disseminated through the usual channels of trade, to those countries where either is known only in epidemic form and usually at intervals of ten years.

Each is engendered almost solely amongst the proletariat whose poverty and consequently lack of sanitary environments fosters the disease in all its horrors; who drink polluted water and sleep in poorly lighted and poorly ventilated dwellings; whose daily labor brings them into constant contact with the literal scum of the earth, into or upon which the miasm of yellow fever and asiatic cholera gravitate alike; we need, therefore expect nothing else than that the remedial as well as the immaterial (c) prophylactic, par excellence, of the one shall inevitably prove an equal prophylaxis of the other; and I herein most respectfully vouch for the efficiency alleged for arsenicum in both conditions equally; according as my feeble powers of discernment and differentiation have assisted my investigations and as the phraseology of my authorities has been interpreted.

So, also, as this remedy is well known to cure more than

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(a)—*Organon*; Chapt. IO2.

(b)—*Hahnemann's Lesser Writings*; p. 369,

(c)—*Laws, rules and regulations of hygiene and sanitation*.

one morbid condition, outside those especially attacking the intestinal tract (such as neuralgias, chronic malarial poisoning and skin diseases of a germ origin), I am convinced that the premeditated arsenization of the members of our invading army to Cuba will "immunize" each against the peculiarly pestilential climate of that country and that every one thus treated will be protected against yellow fever in Cuba or Asiatic cholera in the Philippines better than by any similar procedure now advocated; or by any means other than by a rigid adherence to all the laws, rules and regulations governing hygienic and sanitary lives and premises; and that only by the drinking of boiled or distilled water, the locating of the waste banks below the source of the camp water supply, the pitching of the tents upon high and dry sites, and the total abstinence of direct communication between the camps and the denser settled communities, can "immunes" against yellow fever (or cholera asiatica) be obtained cheaper in our army; and such procedure is practicably impossible.

This hypothesis (of the alleged prophylaxis of yellow fever by arsenization) is now made public for the first time; and, while realizing the danger to criticism for claiming so much for any one remedy, I am constrained to still allege the efficiency of the nearest similimum to the disease as prophylactic against the same; that the theory of its alleged action is founded upon the principles first promulgated by that greatest of diagnosticians and prescribers, Samuel Hahnemann; that the invariable dosage of the drug can be determined only after practical tests made upon inhabitants of a pestilential climate and during the existence of the disease in epidemic form.

#### THE SIGNIFICANCE OF ARSENIZATION AS THE PROPHYLAXIS, PAR EXCELLENCE, OF YELLOW FEVER PATHOLOGICALLY CONSIDERED.

As already shown you, symptomatically, arsenization is the similimum, par excellence, of yellow fever; the following is, pathologically, its equal similitude to this same malady.

## GENERALLY SPEAKING.

(According to Goodno, p. 118:)

"An icteric color of the skin, decomposition of the blood, fatty degeneration of the liver, acute catarrh of the gastro-intestinal mucous membrane, with perhaps haemorrhagic spots, and an accumulation of altered blood in the stomach, similar to the "black vomit", diffuse nephritis, pulmonary infarctions and extravasations of blood in the various tissues and organs, are the most important pathological changes found in yellow fever."

(According to Allen McLean Hamilton, p. 371:)

"On examining the body critically, there is noticed, as a rule, nothing abnormal about the brain, lungs, spleen or bladder; the blood is generally dark and fluid, but there are usually evidences of two distinct classes of lesions; first, *an inflammation of the gastro-intestinal tract.* and second, *a fatty degeneration of the liver, heart and kidneys.*

Individualizing, so to speak, we find the following similarity:

## YELLOW FEVER—STOMACH.

"Creveaux states that the cells lining the gastric follicles undergo fatty degeneration" (1.)

"The stomach as well as the oesophagus and intestinal tube, are invariably the seat of a slight catarrhal inflammation" (2).

## ARSENICATION—STOMACH.

"The epithelium of the gastric glands may undergo granular and fatty degeneration" (3).

"The mouth, pharynx, oesophagus and entire length of intestine may be congested and inflamed" (4).

(1.) Goodno's Practice of Medicine; vol. 1, p. 119.

(2.) Ibid.

(3.) "A system of Legal Medicine by Allen McLean Hamilton, vol. 1, p. 358.

(4.) Ibid.

"The blood vessels of the mucous membrane are engorged with blood; in many places near the surface I found minute extravasations of blood" (5).

"The stomach often contains the characteristic black vomit, due to altered blood pigment." (7).

"The entire inner surface may be red and inflamed, or there may be patches or streaks of inflammation or congestion" (6).

"In spite of the vomiting, the stomach usually contains some thin odorless liquid, colored brown, or sometimes red" (1).

#### YELLOW FEVER—LIVER.

"In the abdomen we notice at once the peculiar color of the liver; it is a light color in which yellow predominates; the comparison with boxwood is a good one; this I have never found absent in an uncomplicated case of yellow fever" (2).

"The typical pathological change in the liver is one of fatty degeneration; and may involve the whole gland" (6).

#### ARSENICATION—LIVER.

"The symptoms of fatty degeneration are more marked in this organ than in any other" (3).

"Fatty degeneration of the liver may be produced in arsenic poisoning" (4).

"The organ, when death occurs after a few hours' time, is usually enlarged, more firm than usual, looking, on section, yellow, either in streaks or all over" (5).

(5.) Guiteras in Keating's Cyclopedia of Diseases of Children; vol. 1, p. 884.

(6.) Pathological Anatomy and Histology, Delafield & Prudden; 5th edit. p. 819.

(7.) Ibid; p. 279.

(1.) Allen McLean Hamilton, "System of Legal Medicine"; vol. 1, p. 371.

(2.) Kippax on Fevers; 1884, p. 208.

(3-5.) Allen McL. Hamilton, vol. 1, p. 372.

"The liver cells are either cloudy or decidedly fatty; the microscopic evidences of fatty degeneration are present" (8).

"The hepatic cells show changes of an intense acute degeneration, much more marked than are found in any other disease except acute yellow atrophy of the liver" (9).

"In cases of a rapidly fatal termination, the discoloration may appear only in patches; the inter-lobular connective tissue is often swollen (and, according to Kippax, dryer than normal), and contains, in places, accumulations of embryonal connective tissue" (10).

#### YELLOW FEVER.

"The kidneys are large, soft and congested, and the microscope reveals the existence of diffuse nephritis" (12)

#### ARSENICATION.

"Fatty degeneration of the kidney may be produced in arsenical poisoning" (11).

(49.) *Pathological Anatomy* by Delafield & Prudden; vol. 1, p. 819.

(8-10-12.) *Guiteras in Keating's Cyclopedia of Diseases of Children*, vol. 1, p. 884.

(11.) *Pathological Anatomy and Histology*, Delafield & Prudden, 5th edit. p. 819.

"In the majority of fatal cases, the leading pathological change consists in a degeneration of the epithelium lining the uriniferous tubules" (1).

"The kidneys present the lesions of an intense form of parenchymatous degeneration; the tubules usually contain masses of hyalin material" (2).

"These also rapidly become inflamed and undergo change in the tissue, beginning with the parenchyma; they are usually found somewhat enlarged, pale and soft, and, on section, show a thickened cortex and a yellowish-gray color, first on the surface, and, later, in spots and streaks, when fatty degeneration has affected the tubules" (3).

#### YELLOW FEVER.

"The left heart I have always found firmly contracted; the muscular wall presents a normal appearance" (4).

"The heart is of a pale or brownish-yellow color; its muscular fibers may be the seat of fatty degeneration" (5).

"In uncomplicated cases, the heart is generally found normal in size and form, empty and firmly contracted" (6).

#### ARSENICATION.

"This organ is in normal condition if death occurs early; but, if life has been prolonged for some hours, the walls are usually less firm, look pale and yellowish, and under the microscope show signs of fatty degeneration" (9).

"Another common appearance in arsenic poisoning is ecchymosis on the muscular tissue under the endocardium; this may be found all over the interior of the heart, but is generally to be seen on the left ventricle" (10).

(1.) Kippax on Fevers, 1884, p. 208.

(2.) A. McL. Hamilton's "System of Legal Medicine"; vol. 1, p. 279.

(3.) Pathological Anatomy and Histology, Delafield; vol. 1, p. 819.

(4-7.) Guiteras in Keating's Cyclopedia of Diseases of Children; vol. 1, p. 884.

(5.) Delafield and Prudden, vol. 1, p. 279.

(6.) Kippax on Fevers, 1884, p. 209.

(9-10.) A. McL. Hamilton's "System of Legal Medicine"; vol. 1, p. 371.

"Under the microscope I found the muscular fibers generally healthy; a few are found with some granulations about the nucleus" (7).

"Softening of the heart, with molecular degeneration of its fibers, is usually met with" (8).

"Sub-endocardial extravasations, most marked in the left ventricle about the columnæ carnæ, have been observed by Wilks, Bonavia and McLeod" (11).

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(8.) Robert's "Practice of Medicine", 1880, page 239.

(11.) W. B. Hills in "The Reference Handbook of Med. Sciences"; vol. 1, p. 345.

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## THE TOXINE TREATMENT OF MALIGNANT DISEASE.

HORACE PACKARD, M. D.

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Among the cancer cures which have been exploited in the recent past, that which is known as the toxine treatment is well worthy of our consideration. By this phraseology is meant the treatment of malignant disease by the administration to the patient of the poisonous products of the life and development of erysipelatous streptococci.

### HISTORY:

The first suggestion of the curative value of erysipelas in cancer occurred through the accidental contraction of erysipelas by a cancer case. Such accidental cures occurring at remote intervals finally resulted in experiments as early as 1882 by Ricord and Fehleisen. These experiments were made with the living cultures of erysipelas. The difficulty however of obtaining such at short notice, and the danger to the life of the patient in inducing such a disease, (several deaths having occurred,) discouraged further investigation and experiments in this line. Later, after fuller

study of microbic life, it was discovered that the poisonous products of the growth and development of these organisms, when injected into living animals, were capable of producing symptoms very similar to those resulting from the living microbes themselves; and, in carefully regulated doses, without danger. With this light, Lassar, of Berlin, Spronck, of Holland, and Coley of New York, each working independently, conceived that the toxines of the erysipelatous streptococcus might exert the same curative action upon cancer, as an attack of erysipelas itself.

Experiments have proceeded sufficiently far at the present time to enable us to state emphatically that some forms of malignant disease are neutralized and cured by this treatment. A great obstacle met in the preparations of the toxines is the difficulty in maintaining a standard strength for the same. It is well known that cases of erysipelas vary markedly in their virulence in different individuals. The toxine resulting from a graft of a mild case is of inferior efficiency. Again, successive cultures from what has originally been a virulent case, steadily lose their toxicity with each successive generation. It was discovered by Roger that the bacillus prodigiosus when grown, in company with the erysipelatous streptococcus markedly increased the virulence of the latter. Seizing upon this suggestion, Doctor Coley, in 1892, began to use the combined toxines of the two bacilli and has continued the same to the present time. At first the two toxines were mixed at the time of using in the proportion of one part of the prodigiosus to four or five of the erysipelatous. The immediate effects of the sub-cutaneous injection of such combination was found to be much more marked than from any preparation which had previously been tried. It was found, also, that there could be produced with a fair degree of constancy, rigors, coming on in from one-half hour to one hour, nausea, vomiting, headache, and elevation of temperature to  $103^{\circ}$  or  $104^{\circ}$  F. These symptoms were produced with the use of from m ss. to m viii according to the original virulence of the graft and the reactive force of the patient,

More recently a still further step has been taken in the preparation of the toxines by growing the bacilli together in the same bouillon. The erysipelatous streptococci being cultivated alone for ten days, then the bacillus prodigiosus added and the two cultivated together for another ten days. Up to this time the fluid used for injection was a filtrate obtained from the culture bouillon thus prepared. Still later, the whole culture broth containing the dead bodies of the germs rendered inert by heating to a temperature sufficient to sterilise them, has been used and found superior in strength and curative effect to any heretofore utilised. One-half a minim of toxine thus prepared, injected beneath the skin, has produced prolonged rigors and a temperature of  $104\frac{1}{2}$ ° F.

#### METHOD OF ADMINISTRATION.

Doctor Coley recommends that treatment be begun with a very small dose from m. ss. to m. i. repeated daily, gradually increasing the dose until distinctive rigors are produced, and elevation of temperature to 103° or 104° F.

From the moderate experience of the writer of this article the question has arisen whether it is necessary to induce such profound constitutional symptoms in order to obtain the desired result. A case which I shall report seems to substantiate such a view.

#### IS THERE ANY RATIONAL EXPLANATION TO ACCOUNT FOR CURATIVE EFFECTS OF TOXINE TREATMENT OF CANCER?

Unfortunately we are in gross ignorance of the nature of malignant disease. We can only say that it is a cell proliferation from an unknown cause. The microbic origin of malignant disease is a plausible theory which we should be glad to accept, could we have sufficient data upon which to base it. Unfortunately all investigations have thus far failed in establishing such a doctrine. Perhaps there has been nothing however evolved which makes the microbic theory more plausible than this effect of erysipelas and its toxines upon cancer. We are fairly familiar with the strep-

tococci of erysipelas. We can cultivate them as easily as we breed domestic animals. The very fact of their antagonism to certain forms of malignant disease furnishes a very plausible reason for us to infer that there is some form of microbial agency causing cancer and that the two are inimical to each other; in other words that the cancer microbe, if such exists, is destroyed by the erysipelatous streptococci or its toxines.

**WHAT HOPE HAVE WE OF GAINING CURATIVE RESULTS IN THE  
TOXINE TREATMENT OF CANCER?**

We must acknowledge that it is small in the present state of development of the method, but the fact that a few, even apparently hopeless, inoperable cases, out of many upon whom it has been tried, have recovered and are well to-day, is sufficient to warrant its employment in selected cases and to stimulate us to further investigation in this line. Doctor Coley's last published report in September 1896, reports his best results in the treatment of spindle-celled sarcoma. Up to the time of his writing, now over one year ago, he reported four cases pronounced inoperable and incurable by eminent surgeons (the diagnosis having been confirmed by microscopical examination) and the patients were well and free from the disease two and one-half to four and one-half years after treatment. Upon carcinoma, little or nothing has been accomplished beyond temporary improvement in a few cases. No effect whatever has been reached in the toxine treatment of melanotic sarcoma, and but little in osteo-sarcoma. The mixed and round-celled sarcomata stand next to the spindle-celled in frequency of improvement and cure.

In a recent personal conversation with Doctor Coley, he tells me that he has on record, including his own, and cases of other surgeons, a total of seventeen cases of restoration to health, of what were inoperable and otherwise incurable malignant disease. My own personal experience can be very briefly related. In all my cases of carcinoma, failure has resulted. The disease has in every case gone on unin-

terruptedly and fatality has followed. One case of round celled sarcoma of the parotid, upon which I faithfully tried the treatment, was also a failure. Three cases, two of spindle-celled and one of pavement-celled sarcoma, have been such brilliant cures that I am inspired with great hope that in this toxine treatment, we have the key to the long-looked-for cure of all forms of malignant disease. Some other modification is sure to be discovered, the toxine of some other form of microbe will be found adapted to the varying forms of cancerous disease. We are but upon the threshold of a grand and beneficent discovery. It may not mature in this century, but I am sanguine that it will come.

The cases cured under the observation of the writer, are briefly these:

CASE 1:—A recurrent spindle-celled sarcoma of the parotid. Patient of Dr. H. B. Cross, of Jamaica Plain. The patient is now well, four years since the termination of the treatment.

CASE 2:—Pavement-celled sarcoma of the peritoneum. A tumor mass, of the size of a fist occupied the right ovarian region with many secondary deposits over the adjacent peritoneum. The mass entirely disappeared under the toxine treatment, and the patient is now in good health after the lapse of two years. This was a patient of Dr. O. W. Roberts, of Springfield, Mass.

CASE 3:—A recurrent spindle-celled sarcoma of the ovary. It was inoperable at the time I saw it. The patient is now in perfect health and working daily. This was a patient of Dr. George E. May, Newton Center. It is now nineteen months since the beginning of toxine treatment.

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## BABIES IN OUR BLOCK.

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FRANK KRAFT, M. D.

CLEVELAND, OHIO.

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There were three of them. One in one place, and two in another. All of them got well. Two, through the combined aid of myself and Providence. The other at my ex-

pense. The first two were little tots—girls, aged two and four. Their father is a motor man on our city railway, though he was not required to first study and be graduated in medicine, as I am told it is somewhat the fashion to do, to-day, in New York and Brooklyn. They live in a block, where, by looking out of the window at certain hours, they could see papa pass by. One day the little ones opened the window without authority, and the Lord being good to we doctors, it being a bad, blustery day, the elder of the female tots took a severe cold, which refused to yield to all the customary household remedies—even brown paper fried in lard and rubbed with skunk oil applied to the chest, availed as naught. So I was called in. It was, therapeutically, a belladonna case; but it was so badly covered up with several day's home treatment, as well as the medicated brown paper, that it took me twenty-four hours before I called it bronchitis. A change to bryonia on the third day broke up the thing, leaving a little hacky cough, and this in time gave way to hepar. On the seventh day, while I happened to be riding in the father's car, as we were passing the house, a messenger dashed into the car saying: "if you want to see your child alive, go quick, she is dying with pneumonia!" The father and I got up stairs about the same time, where we found the child vomiting most dreadfully, while a stool which had appeared almost simultaneously, was white with the good old fashioned worms that we used to see in the good old times, when our good old-fashioned mothers fed us on vari-colored candies each spring which afterwards proved to be Jayne's Worm Lozenges. Of course there was no pneumonia. And I question now, if there was ever any bronchitis. The whole "incident" was a worm trouble for which the medicine, belladonna, was well indicated, and was perhaps the only medicine which had any effect on the child. Was not this a striking triumph for homœopathy? If I had prescribed for bronchitis, the child would in all likelihood have grown no better, but might have passed from under my control as did the third case which I shall relate.

The other little one, began a few days after this to cough very croupy. I tried to make it a worm case, but the symptoms would not fit. I gave pulsatilla on the symptoms; made but one more trip, the child showing such marked improvement. I left several powders of sulphur, which seemed to be the next and concluding remedy. Before the close of the week I was telephoned from the car barns to come quickly, as the baby was taken very bad with pneumonia. On reaching the scene I found the baby with a marked case of whooping cough, and so severe that she had eaten nothing for two days, and was almost in convulsions. I asked why each time pneumonia was found? Then it came out that a well-meaning neighbor on the same floor of this block, was anxious to introduce her favorite physician—an allopath who was so successful with pneumonia—never lost a case! Perhaps this disciple of Galen was as successful in finding and curing pneumonia, as some of the modern specialists are in finding ovarian cysts and cutting them out at fifty dollars per cut. Anyway this pneumonia expert has not yet had a chance to try his 'prentice hand on this family. As to the whooping cough. I confess with a good deal of mortification that I have not had much success in shortening the duration of this vexatious difficulty, as I was taught all homœopaths are so sure of doing. I am able to make the little sufferers very much more comfortable, so that they will not vomit severely, or strangle; they are able to eat, and the cough is so changed that it is not often mistaken for the whoopy kind except by experts. But the cough has continued in some form throughout most of the conventional period.

The third case was that of a little boy, now about four years old, whom the storks and myself helped to make glad this lonesome family withal. That is to say he was born in the usual way. The family has always lived in apartments and blocks since they moved away from my immediate neighborhood. I had lost sight of them for several years, when one morning early this present year, I was called by telephone to go to a distant point in the city to see this boy.

I demurred and asked that some one else nearer by be called, mentioning several excellent homeopathic brethren. During the day an aunt of the child came to my office and said they had had other doctors but that they were doing no good; the boy being now for three days unconscious and like to die. The mother at last in her agony had bethought her, and said there is but one doctor in Cleveland who can save my darling child. He is the only Heaven-born. I will not burden this paper with his name. Thus besieged by tears and cajoled by feminine jollies, I gave way, and twice each day for five days I traveled over twelve miles to save the life of "little brother" who lay sick, dangerously so, with brain fever. If I were a gynecological specialist, or had a medical glossary at hand, I would find a harder word, or a longer title for the disease, but this is all it amounted to—especially as I did not cure it. But that is another story. The last physician of the old school, had packed the child's head in ice, and so got the child quiet. So quiet, I thought, that a few hour's more of it would leave nothing for the undertaker to do in this direction. Frozen brains are apt to be quiet. The pulse at the wrist was gone. There was a very feeble action of the lung. I did not take the temperature sublingual or subaxillary or subrectal; nor did I make any cultures of the secretion to find out which one of the several hundred stained or unstained bacilli were disporting themselves in this pitiful, dying child. Any movement of the limbs caused the eyes to fly upward and stay there until the frantic mother blew in his face. His bowels were beyond control. His face and limbs twitched frequently. I removed the ice bag and applied the hottest kind of heat to the head and other parts of the body, which looked and smelled cadavarous. I gave him a little crushed ice to moisten his tongue and throat which were lilac in color, cold and dry. I fed him on Mellin's Food and gave him belladonna. On my third visit I was told that he had been conscious and wanted drink, and his body had taken on a more restful pose, his twitchings had measurably ceased and his bowels were under control. Apis, was my

next remedy, and this I continued as long as I saw a steady improvement. So at length I told them one evening that it was no longer necessary for me to come twice a day, and I would not return until the next night. However, the very next morning I was telephoned to come quickly as the boy was very much worse. And he was. During the night both parents having insisted upon sitting up, and both being exhausted, they fell asleep, and did not awaken until about four o'clock, when they found the child uncovered and cold as a stone. I worked for several hours to restore life and heat to the little body, but with only partial success. I came at different times during the day, giving up my office hours and neglecting other cases, in order to watch this interesting case, and apply promptly what was indicated from hour to hour. But at seven o'clock the eyes began to flop upwards again, the head was turning on the pillow, the radial pulse failed suddenly, and the lungs and heart barely did duty. The bowels broke loose again, and the cold sweat stood in beads over the face and hands. I made up my mind that the end was at hand, and that notwithstanding my remedies he would be dead in two or three hours. And so leaving appropriate medicines and instructions to telephone me when it happened I bowed myself out. Next morning I waited for that telephone which came not, and I hurried down to see if that child had by any miracle got better. It had. Another doctor had been called after my dignified and sorrowful departure; he had packed the child's head in ice, fed it a greasy, red-looking liquid, and it was undoubtedly easier. Probably you have all been there, and I need not depict the sorrow I felt that—but again, no matter. I was no longer the Heaven-born and only noble doctor in Cleveland. There were others. I watched the obituaries of the papers for several days, sure that the ice-pack would destroy the little spark of life that was still in that body. But the notice did not appear. After several weeks of waiting and watching, I had a mutual friend visit my successor in the case, and learned that the

child had recovered from the brain fever and was in a fair way to recover wholly.

Now if I ever summon up courage enough to present my bill for attendance in this case, I will undoubtedly be met with the statement that if it hadn't been for the last Heaven-born, the child would have been dead, thanks to my blundering! That I don't know enough to doctor a cat. And they will refuse to pay my bill. So there! The lesson to be drawn from this third case is difficult. I have always been taught and my reading to date still so teaches that ice is more appropriate in the undertaker's hands than in that of the physician. Yet here was a case in which it worked wonders. I have never failed heretofore to control such cases with heat; and I did in this case for a time. But when the unfortunate relapse took place, I failed; while the other man succeeded.

But the value of this paper will be lost if I draw not a lurid moral therefrom. It is this: that the "Babies in our Block" are green-house plants. They are all prone to respiratory illness. There is no play ground; no bad boys around the corner to teach them how to chew tobacco and wear long pants and swear; they never get far from mamma's or aunty's apron string. There is nothing in an apartment house life to make a child strong or hardy. These places are usually steam-heated and over-heated, and poorly ventilated. The elevator shaft is but a funnel or tunnel which carries the yesterday's fried onions and second hand fried potatoes, and warmed over cabbage, from one floor to the other, and so vitiates the atmosphere. A child living, let us say, on the sixth floor of a large block, does not get out of his apartments very often; he rarely gets off that floor, and not at all out of the block in a month or two. He lives all day in cramped quarters, sleeps in folding beds in sunless alcoves that are curtained off during the day, and are foul and unwholesome at night. Can we expect a very strong and hardy child from such surroundings?

# **MINNEAPOLIS**

## **HOMŒOPATHIC MAGAZINE.**

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### **EDITORIAL**

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#### **INDEPENDENCE IN JOURNALISM.**

The model medical journal has not yet appeared—not even in Boston. This is doubtless because when it comes to constructing such a model, ideas and tastes vary greatly. What one reader admires, another dislikes. What impresses one as bright and readable is to another trifling. What Jones considers profound, Smith may look upon as only ponderous. What Brown reads with interest, Robinson summarily consigns to the waste basket. In a word, it is impossible to suit every one. To paraphrase a famous remark, an editor may please all of his readers some of the time, and some of them all of the time; but he cannot reasonably expect to please all of them all of the time.

Notwithstanding this little drawback, however, medical journals continue to grow apace. Writers will write, and editors will edit. And of the latter class of individuals there are truly all sorts and sizes. They vary from true knights of the stiletto to solemn wielders of the whitewash

brush. Some of them can say something about nothing as gracefully as others can say nothing about something. There are those whose innocent vacuity is something to marvel at, those whose servility is as astonishing as it is pitiable, and again those whose bubbling audacity serenely challenges the world, the flesh, and even the devil. The reader can take his choice. And this naturally leads to the query, what will that choice probably be? What style of journalism is likely to be popular with the majority of reading physicians?

The world loves a fighter. This holds as true in the medical profession as elsewhere upon this little revolving sphere of ours. Those who hew to the line, regardless of where the chips fall, are always the subject of admiration upon the part of their more timid brethren. For the profession at large is not so devout a hero-worshiper as some of the self-constituted heroes imagine. It has respect for real worth. It is always willing to give credit where credit is due. But it honors a man for what he is, not for what he might be, or ought to be, or imagines himself to be. It is not over-awed by the empty splendor of a name. It is proud of its institutions, proud of its great men; but it is not deceived by distinguished personages, projects, or promises of the toy balloon type. In a word, it knows what it wants. But it is not always able to express itself in a proper manner, and hence it gladly stands back and applauds its editors who can wield the English language, and who do. In fact, it knows its fighters, and, because they are fighters, loves them.

A medical journal that is tied to a college, or a pharmacy, or any other institution holding the editor by the throat, is usually not worth reading. Its opinions are obviously valueless. Its editorial ideas are but empty echoes. Naturally there is no life in them, and if there be any truth it is expressed in a half-hearted way that fails to carry conviction. Verily the path of an editor of this stamp, is a thorny one. He dare not displease the "powers that be," lest they become powers that undo. If he has any convic-

tions, they must be carefully bottled up. His self-respect must be subordinated to his master's self-esteem. This playing Dr. Jekyll to an employer and Mr. Hyde with one's own conscience is indeed a sorry task. And yet there are always those who willingly and cheerfully undertake it.

If it were not for our independent journals and journalists, all sorts of abuses would stalk unchallenged in our midst. Barnacles would cling undisturbed to the hull of medical progress. Cirriped crustacea of this kind are common enough, and tenacious enough at best, and with a muzzled press they would soon become intolerable. But this will never come to pass. There will always be editors who have courage to say what they think. There will be those who do not hesitate to call a spade, a spade, even at the risk of making some of the dry bones rattle with virtuous indignation. Fearless writers we shall always have with us. And the profession at large, to-morrow, as to-day and yesterday, will continue to admire and applaud their fearlessness. Possibly, indeed, the time will come when our present timorous editorial writers will see a light, and find both comfort and advantage in governing themselves accordingly. For there is nothing to be gained, not even self-respect, by acquiring a reputation for sweet editorial nothingness. The independent thinker and writer has the public sympathy, and always will have it.

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## CORRESPONDENCE.

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### ORIFICIAL SURGERY CLINIC AND ASSOCIATION MEETING.

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Dr. E. H. Pratt's annual clinic in orificial surgery was held as usual at the Chicago Homœopathic Medical College, the week beginning September 5th. Notwithstanding that many doctors were kept away because of their duties, there was quite as large a class as last year, in all about thirty-five, representing different parts of the union,

as well as the different schools of practice. Minneapolis sent three representatives, Drs. H. C. Aldrich, W. O. Fryberger and Cora Smith Eaton. Dr. Eugene Hubbell of St.-Paul was present. Among the others were noted Dr. L. Gœschel, of Mandan, N. D., Dr. L.G. Van Scyoc, of Kansas-City, Drs. P. S. Replogle, Chicago, H. C. Finch, Broadalbin, N. Y., Milton G. Conger, Cincinnati, Ernest Barton, Portland, Oregon, S. Staads, Sioux City, Iowa, Joseph F. Fox, of New Philadelphia, Ohio.

Dr. Pratt operated every morning from nine until one. His operative work is better than ever, and in the course of the clinic he illustrated operations for trachelorrhaphy, ventral fixation, both by the abdominal route and the vaginal route. Ovariotomy, ovary patching, vaginal hysterectomy, circumcision in the male and female, varicocele and operations on the testicles, with but one American operation during the week. In two operations for ventral fixation, he used a new instrument invented by Dr. Libbie H. Muncie, of Brooklyn, N. Y. This instrument is shaped like a sound, but is hollow and contains a needle which can be pushed out at the top by a sliding mechanism in metal. The uterus must be dissected loose anteriorly through the vagina, and all adhesions broken up. The anterior abdominal peritoneum is then scarified as well as the anterior surface of the uterine fundus, and the uterus is replaced and the instrument entered to the top of the uterus. With the finger of the left hand guarding the bladder, the needle is then pushed through the uterus, and the abdominal wall, from each cornu, carrying the suture which makes the fixation. The pelvic floor is then closed through the vagina.

At the end of the week the record sheets of all the cases operated upon were brought into the amphitheatre and the reports made. These reports were remarkable for the fact that, notwithstanding, the many serious operations, in only one case did the temperature and pulse rise above one-hundred, and many of the cases showed a remarkable improvement in the mental and nervous condition even in the few days.

On account of the heated term usually preceding this

clinic, Dr. Pratt announced his intention of discontinuing the annual clinic, which he has now held for fifteen years. However, he was prevailed upon to re-consider this decision and there will be a clinic as usual next year.

The first assistant this year, was Dr. Henry C. Aldrich, and he did credit to Minneapolis by his skillful work, for which he received warm praise from Dr. Pratt. Miss Ella Myers, Dr. Pratt's faithful helper for many years, without whom no clinic would seem complete, was with him as usual, always ready on the instant with what ever instrument was needed.

Doctor Pratt's habit of lecturing as he operates, lends a remarkable interest to his work in addition to the mere surgical side of it. A few of his sayings were jotted down. "Buffaloes are nearly extinct and so are large abdominal tumors. The gynecologists of to-day seize upon them before they grow large." "Large local pathology does not disturb the general health so much as smaller atrophic conditions. When you have paralysis look for atrophy." "Cases of incipient insanity are apt to be precipitated by a capital operation". "Bright's disease can some times be cured by hysterectomy." This saying was illustrated by a case of well advanced Bright's disease, upon which he operated with immediate remarkable improvement. "In women with no ovaries, or past the climacteric, dilate the uterus once a month to keep them young, by continuing the rhythmical dilatation of the uterus. A stem may be left three days in the uterus to represent the menstrual epoch". "The majority of the world are dancing to morbid music". "All consumptives are sexually starved,—they are burnt out." "Cases that are dead to dilatations at the rectum, may be stimulated by the needle bath on the clitoris." Referring to a patient who showed the result of wrong living, "Some fires warm, and some destroy. Here is a burnt prairie." "Small local pathology at the lower orifices often causes large pathology in related organs. An adherent hood to the clitoris may cause a fibroid of the uterus." Referring to the mental aberration in patients who have ori-

ficial irritation, he said: "When one is sitting on pins, metaphorically speaking, it is hard to direct his attention to other things." "You may cure some people by baths and change of climate, so you can cure some people by swabbing out their souls with the love of God." "The tree without roots, with simply branches, is like the theology up in the skies with no physical basis. Ministers should study anatomy, physiology, and medicine."

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On September 7th and 8th, there was held in the same building, the eleventh annual meeting of the American Association of Orificial Surgeons. The sessions proved interesting and instructive, and there were some spirited discussions. The following papers were presented:

"Electric Currents in the Human Body," by Milton C. Conger, Cincinnati; "Some Experience in College Work", L. G. Van Scyoc, Kansas City, Mo.; "Orificial Philosophy and its Methods," E. H. Pratt, Chicago, Ill.; "Before and After"; J. D. George, Indianapolis, Ind; "The Coccyx," J. C. Fahnestock, Piqua, Ohio; "The Clitoris," Libbie Hamilton Muncie, Brooklyn, N. Y.; "Shock and its Treatment", C. B. Kinyon, Ann Arbor, Mich.; "The Relation of the Neurologist to Orificial Surgery," N. B. Delamater, Chicago, Ill.; "A case of Acute Mania Following Sexual Perversion, Cured by Circumcision", A. P. Williamson, Minneapolis, Minn.; "Fistula-in-ano and its Relation to the Nervous System," T. E. Costain, Chicago, Ill.; "Electricity in Ectopic Gestation," C. B. Kinyon, Ann Arbor, Mich.; "Three Hysterectomies," Cora Smith Eaton, Minneapolis, Minn; "Some Experiences," M. K. Kreider, Goshen, Ind.; "Treatment of Shock", "A. Rhu, Marion, Ohio; "Manifestation of Shock," W. T. Gemmel, Forest, Ohio; "Etiology and Pathology of Shock", H. E. Beebe, Sidney, Ohio.

The officers elected for the coming year were: President, J. A. Means, Troy, Ohio; Secretary, F. E. Young, Canton, Ohio; Treasurer, T. E. Costain, Chicago, Ill.

C. S. E.

## NEWS AND NOTES.

Dr. W. C. Coburn, has removed from Austin, Minn., to Beverly, Massachusetts.

Dr. W. V. Hanscom, has removed from Mankato, Minn., to Rockland, Me.

Dr. Elizabeth D. W. Benthall of Mont Clair, Colorado, is physician to the State Industrial School for Girls at that place.

Dr. C. D. Fairbanks, has located at Port Washington, Wis.

Dr. C. A. Hall, of Cleveland, Ohio, is surgeon to the Cleveland, Canton & Southern R. R.

Dr. F. C. Titzell, of Chicago, formerly of Lake City, Minn., spent his summer vacation at White Bear Lake, Minn.

Wheeling, West Virginia, with a population of 60,000, has but four homœopathists.

Dr. Harry W. Danforth, of Milwaukee, Wis., one of the surgeons with our forces before Santiago, was shot and killed while ministering to wounded soldiers.

Dr. Geo. W. Roberts, of N. Y., the editor of the N. A. Journal, has gone to Germany, for study.

Dr. W. T. Hanan of New York City, has been appointed a medical examiner by the N. Y. Life Insurance Company.

Life Insurance Companies turn down applicants who have taken the Keeley Cure.

Dr. A. E. Clark has been appointed city physician of Ann Arbor, Mich.

The Homœopathic Hospital of the Michigan University, is to be enlarged and improved \$2,000 worth by order of the Board of Regents.

Dr. W. A. Dewey, of Ann Arbor, Mich., has been elected corresponding member of La Societe Homœopathique Francaise.

Elkhart, Indiana, has a new \$15,000 homœopathic hospital the gift of Mrs. Hannah Clark of that city.

### UNIVERSITY OF MINNESOTA.

The opening lecture of the College of Homeopathic Medicine and Surgery of the University was delivered this year by Prof. Chas. Gatchell of the Chicago Homeopathic Medical College; his subject being Prospect and Retrospect, which was treated in an able manner by the versatile man.

A large audience was gathered to hear him, from the profession in the state.

Dr. Nancy Williams, Augusta, Maine, is president of the Maine State Society.

Dr. J. B. S. King, is Prof Mental and Nervous Diseases in Hering Medical College.

Dr. Alfred Rice, of Columbus, Ind., was one of the physicians appointed by Gov. Mount to examine the Indiana volunteers—another triumph for homeopathy.

Dr. T. J. Gray, of Minneapolis, was appointed by Gov. Clough, one of the board to examine the surgeons for the 15th Minnesota Volunteers.

Dr. R. B. Howland, Elmira, N. Y., has been appointed assistant surgeon, with rank of first lieutenant in the 3rd Reg't. N. Y. Vol's.

Dr. John F. Beaumont, formerly of Minneapolis, has resigned from the faculty of Dunham College.

Dr. Anita McGee Newcomb has been commissioned acting assistant surgeon with rank and pay of a second lieutenant in the U. S. Army.

Dr. Angeline G. Hamilton, has removed from Shipshe-wana to Lewiston, Idaho.

Dr. W. F. Hobart has removed from Oakes, to Fairmount, North Dakota.

Dr. Petrus Nelson, St. Paul, has been laid up as the result of a collision with a street car while riding his wheel.

Dr. S. E. Boulter, has removed from Cherokee to Bowdle, Iowa.

# MINNEAPOLIS HOMEOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### PRESIDENT'S ADDRESS.

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WISCONSIN HOMEOPATHIC MEDICAL SOCIETY 1898.

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F. P. STILES, M. D.

SPARTA, WIS.

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Members of the Wisconsin State Homœopathic Medical Society, I congratulate you upon this, the thirty-fourth annual meeting of our Society, upon our prosperity and success as a society, our prospects of further advancement and growth, and upon the degree of success which has crowned your labors as individuals. Permit me to suggest that you, each of you, keep ever in mind the interests of this society, as representing our professional interests, and lose no opportunity to urge upon your colleagues and neighbors the duty and privilege of uniting with this society and contributing to its usefulness and their own best interests by attending its meetings and participating in its deliberations.

Let me also remind you of the importance of identifying yourselves with our national organization, the American Institute. By so doing we will honor ourselves as well as

forward the cause in which we are all laboring. Every homeopathic physician in Wisconsin ought to be a member of this society, and the members of this society ought to be proud to register themselves members of the American Institute—a representative body in which we meet the progressive men of our profession.

You are come together, pursuant to an established custom, to attend upon the President's Address. I bespeak your patience and promise you a short session, and reward for your patience; for when we adjourn we will proceed to the ordinary, where a banquet is in course of preparation, where we will "feast on reason, reason on the feast, toast the company with wit, and company the wit with toast".

I have chosen for my subject some phases of the element of contagion in the causation of insanity. Especially in its relation to the crimes of murder and suicide.

One of the most important departments of modern medicine is the prevention of disease, and the wonders that have been accomplished in this direction, and made possible by bacteriological research, will ever remain the pride of the last two decades of the nineteenth century. Of all the ills that befall poor humanity, there is no disease so dreadful as the loss of that attribute which distinguishes us from the lower animals, our mental faculties; and of all the deaths men die, there is none which inflicts such deep and lasting sorrow upon others as suicide; and yet, with all our progress in preventive medicine, these ghastly evils are steadily on the increase.

Insanity may be said to be a product, or result, of our civilization, for travellers affirm that it is practically unknown among the savage tribes. The following quotation from a letter written by Dr. J. Hunter Wells, of Pyengyang, Korea, where the civilization differs radically from ours, is suggestive. He says: "No care is taken of the insane, and there is no apparent need of any, for during my residence here, and in other parts of the country, for two years, I have not seen more than twenty such people altogether."

Insanity is probably to a certain extent an unavoidable

result of civilization, for the strain put upon the mind by cultivation, ambition, disappointment and innumerable conditions incident to civilization, must of necessity, result in the giving way of those minds which, although of sufficient calibre to supply the requirements of the unthinking savage, are not sufficiently pliable to respond to the stimulus of cultivation. It is also true however, that insanity is, to a degree, a result of defects in our civilization, and in view of the undisputed fact that it is on the increase, it behooves us to investigate carefully, with a view to discovering and correcting those defects, lest this department of the new science of prophylaxis fall so far behind the van as to become detatched, neglected and forgotten.

As in other diseases, we have the predisposing and exciting causes. The two great factors responsible for predisposition to insanity are: first, heredity and second, alcohol. Something is being done to eliminate these causes, but it must remain for perfected and ideal governments of the future to legislate wisely, and enforce laws rigidly, if the thing is ever accomplished. In the meantime society must profit by such light as is obtainable, and fight the distemper with such blunt weapons as are at hand.

That there is an immunity against insanity there can be no doubt. In some minds, reason sits secure upon her throne, unshaken by any or all the vicissitudes, excitements or mental strain incident to over cultivation, indiscretion or faulty environment. It remains for the savant of the future to discover just what insanity is and how the predisposition may be overcome and the incalculable blessing of immunity acquired.

But it is not my intention to discuss the subject of insanity in general, but to say something on the element of contagion in its causation, and one of the sources of its distribution, about the newspaper as a cause of insanity, crime and suicide. In what I have to say, I do not aim to criticise the newspapers, reporters and journalists, for they strive to furnish their customers, the public, with such goods as they require, but if it shall appear that the best

interests of the public are not served and some of the goods are loaded with disease producing matter, no one ought to object to a salutary renovation and disinfection.

Of the exciting causes of insanity, statistics indicate that sixty to seventy-five per cent would come under the head of psychical, mental impression, and it is among these exciting causes that we must work at present for favorable and speedy results. It seems clear to me that the exhaustive and spectacular reports given by the papers of crime, especially murders, and the portraits and descriptions of criminals, their trials, sayings and doings, are a stimulus to certain abnormal individuals, degenerates, some are pleased to call them, to emulate the example of the famous murderer. The vagaries of the human mind are innumerable and inexplicable, and many of the worst crimes against society are committed as a result of abnormal mental conditions, which are technically insanity, though perhaps not legally considered so. Take for instance the class of individuals called "cranks". "Crank" is a mechanical term that naturally followed the use of that other mechanical term so long applied to certain mental conditions, "eccentric". A crank is an aggravated eccentric. It has been said that, "On the altar of eccentricity, is lighted the fire of genius"; but on the altar of this exaggerated eccentricity, flickers and smoulders the fitful flame of the very essence of human folly. They, the cranks, are a numerous class, widely distributed, sensitive, neurotic, egotistic, susceptible. They are mentally abnormal, and many of them capable of being excited by the suggestion of example to the commission of almost any crime. I do not say they ought not to be punished for their crimes, for the object of the punishment of crime is not revenge, nor yet wholly retribution, but rather the protection of society, and as a salutary example to others of their kind;—but I do say, their sayings and doings, their biographies, and portraits, minute descriptions of their clothes, finger nails, eyebrows and teeth ought not to be paraded before the world as those of the great, the wise and the heroic, lest others of their class, through the

hypnotism of a morbid admiration be stimulated to seek notoriety and a place in history by imitation.

It is not preposterous to suppose that a man may commit a great crime simply for notoriety, for it is a matter of history that they have done so.

More than 2,000 years ago there was constructed one of the most magnificent buildings the world ever saw. Upon it was lavished the wealth of nations. Its mighty roof was supported by 127 carved columns each sixty feet in height and each placed by a different king. It was 250 years in building, and was the pride of a nation, and the wonder of the world: and we read that the stranger in that city, when he beheld the grandeur and majesty of that temple, lifted up his voice and joined the enthusiastic acclamation "Great is Diana of the Ephesians". The names of the 127 kings are lost to history as are those of most of the statesmen and good citizens of that city. Not so however with the man who destroyed this temple. One Eratostratus burned it to the ground, and on being apprehended confessed his crime, saying he was actuated by a desire to perpetuate his name to prosperity. It were well if it could be made impossible for a criminal to become notorious.

Wilkes Booth, when he shot Mr. Lincoln, introduced enough of the drama into his act to indicate an appetite for notoriety, and this was doubtless a powerful element in inciting him to the crime. Guiteau, Prendergast, Harry Haywood, Holmes and Durant all enjoyed their notoriety, posed for effect, and gave out impressions poisonous to society, and were heroes in the eyes of a multitude of moral degenerates who read in the great newspapers what they had for breakfast, what sort of a necktie they wore, and how they tied it, what they said, how they felt, looked, etc.

There is no way of deciding positively that an individual is immune to typhoid fever, diphtheria or other infectious disease, though many are so. Therefore sanitary measures are adopted, based on the assumption that none are immune. It is also true that, although some are not immune to insanity, many are; but we must not treat society as though

all were immune. There is a constant effort on the part of nature to return to the normal and to eliminate that which is abnormal. If there is an inherited predisposition to insanity in an individual, his only safety lies in avoiding all exciting causes, and with care he may live out his days without disaster, and if this care can be extended to his descendants for a couple of generations, the predisposition may be "bred out" and eliminated.

The fact of the heredity of mental diseases is well known to the laity, but is powerless to prevent intermarriage with persons so tainted; they being too deeply impressed with the idea that the union is sanctified by love, to consider the matter from any other basis; but in after years they would gladly shield their children from its baneful influences if they knew how. They will never know unless instructed by the medical profession, and among other things they must be instructed to guard against unhealthy literature.

I have known a man so impressed with the newspaper accounts of a murder trial, that he confessed that he was the murderer, and it was proven in court that he could not have had any thing to do with it, and the real murderer is now serving his sentence. If vivid newspaper accounts can impel a man to confess a crime of which he is not guilty, it is not such a far cry to impel him to commit such a crime.

The importance of the question of the relation of insanity to the crime of murder is strikingly illustrated by some statistics recently compiled in the state of New York. Out of four-hundred and fifty-nine murderers apprehended in New York in the last twenty-five years, forty per cent were subsequently confined in insane asylums, and fully thirty per cent were insane at the time of the commission of their crimes. And this in a state where ample provision is made for the confinement and care of the insane. Twenty per cent were shown to have been mentally abnormal before the commission of their crimes, but were not considered legally insane. It would be interesting and instruc-

tive to know what were the exciting causes in these cases of insanity.

The following case came under my observation: A youth who, being destitute, was taken into a family by indenture, lived there peacefully, doing light work on the farm for some two or three years. Although not especially bright, he was considered a normal boy and treated as one of the family. The only child of the family was a little girl of four years, for whom the boy appeared to entertain the kindest affection. One day he was chopping wood in the yard and the little girl was playing near by, and without the least provocation, he deliberately walked over to her and split her head with the ax. He subsequently confessed the crime, saying he had read so much about murders in the newspapers that he could not resist the impulse to kill the child, though he bore her no ill will.

The following is a clipping from the Chicago Tribune of November 30, last:

"Denver, Col., Nov. 29. John H. Dane, until recently, a runner for the Western Hotel, was locked up to-day in the city jail on a charge of insanity. He read the testimony in the Leutgert murder trial at Chicago, and became possessed of a frenzy to kill his wife and two children, and burn their bodies in the old garbage crematory. He is undoubtedly violently insane."

For weeks probably 10,000 people in the United States, wasted from one to three or four hours reading the particulars of the Leutgert trial; none were benefited thereby, but many were mentally injured. Human nature seems to possess a morbid appetite for the details of horrors. It is that element belonging to the animal side of our nature, which will impel us to stand around in the rain and cold to get a glimpse of, or catch a few wandering words, from a lunatic, to view the victim of an accident or the perpetrator of a great crime. It is the same element in the human mind that impels people to attend the funerals of persons in whom they never before had the slightest interest. I have known people who would not, except from necessity,

miss a funeral in the community whether a friend, or foe, or stranger. They do not consciously derive pleasure therefrom, but it gratifies an impulse, the nature of which they never try to analyze. Who has not observed with what a delicious mixture of fear, curiosity and delight the small boy gazes upon the insane. He shudders, laughs and pales by turns, but cannot bring himself to withdraw from the, to him, delightful and horrifying scene. But the gratification of this appetite can never benefit the mind and if it be not amply fortified, it will always tend to further depress it from the normal standard. It is enough for the general public to know that a murder is committed and that the proper investigation is being made and it is a crime for a newspaper to parade the awful details of crime before the people, and make heroes of the criminals. Aside from the newspapers, there are illustrated papers published in this country which are devoted almost entirely to crime. In them are to be found the portraits and biographies of criminals, details of their crimes and real and imaginary accounts of their doings. These papers are read principally by those who have inherited or acquired morbid propensities; and who can estimate their influence in aggravating a predisposition to mental disease.

Doubtless most of you have known of crimes committed by unfortunates, or degenerates that were directly traceable to the habitual reading about crime and criminals, for such cases are not rare. The very uniformity of the manner of committing certain crimes indicates that they are frequently imitations of the acts of well advertised criminals. Legislators have considered the advisability of preventing the publication of the particulars of prize fights; obscene literature has long been under a ban; but the news-gatherers still struggle with a zeal worthy of a better cause for a "scoop" on a startling murder, apparently blind to the undeniable fact that said scoop is loaded with a contagion against which so many minds are not fortified.

Suicide has, in all ages, been something of a puzzle to thinking men. Except when practiced as a religious rite,

it has been mostly confined to the more highly civilized nations. It has been condemned by the wise and great of all ages. Among the early Greeks it was uncommon, and their laws heaped indignities upon the body of the suicide. By Athenian law the corpse was not buried until after sunset, and the hand which had done the deed was cut off. The only suicides ever spoken of with respect by the early Greeks were Themistocles, who killed himself rather than lead the Persians against his own people: and King Codrus who sacrificed himself in the belief that by so doing he averted disaster from his country. Socrates, the great master of ethics, was emphatic in his condemnation of it. It should be remembered in this connection, that Socrates drank of the hemlock cup as a condemned prisoner—not as a suicide. Plato made an argument against it in which he likened it to the desertion of his post by a soldier. Pythagoras denied its lawfulness. The Stoics and Epicureans, later, found excuses for it. During the decline of the Roman Empire it was not uncommon among the upper classes. Modern nations have considered it a crime against society. Montaigne, the French essayist of 350 years ago expresses his contempt for the deed thus: "It is cowardice, not virtue, to lie squat in a furrow, beneath a monument, to evade the blows of fortune." The old English law visited its wrath upon the corpse by denying it Christian burial; burying it in the public highway and driving a stake through the body.

To-day our laws pay little or no attention to it. The impression that it is an insane act is almost universal among the laity, though our laws do not so consider it. Perhaps nothing our Ingersoll, who poses as a philosopher, has said, savors more of an antiquated, obsolete and pernicious philosophy than his defense of suicide. Considered from the standpoint of the law, about thirty per cent of those who commit suicide are insane; but from a technical, medical standpoint, this proportion is more than doubled.

A few individuals deliberately commit suicide rather than face the consequences of their own misdeeds; a few to escape physical pain or poverty, but with the vast majority,

it is the result of illogical, unsound, insane reasoning or impulse. "Suicide, as a rule, is a symptom of some form of insanity, permanent or temporary, in which the emotions and passions are excited or perverted." "It has appeared as an epidemic, and has been observed to be an hereditary tendency. It is more common among the educated and affluent than among the industrial and ignorant." And, by the way, physicians ought to have a personal interest in this matter, for they furnish a greater proportion of suicides than does any other profession.

The increase of suicides in the United States, during the last few years, is really startling. In the year 1890 there were 2,040, and in 1897 there were 6,600, an increase in seven years of more than 200 per cent. Unless some new influence is brought to bear upon it, suicide bids fair to be recorded in history as the great reproach to our time; a blot and disgrace to this greatest age of human progress. There has been much speculation as to the cause of this increase. By some it has been maintained that it is a result of degeneration of the race. This theory, however, is not generally accepted.

An article appeared not long since, in a religious publication, in which it was argued that the cause was to be found in modern theology; the writer believing that the elimination of fire and brimstone, and a devil with a tail from hell, had so modified the idea of punishment in the life to come, for sins done in the body (and getting out of it) that men no longer hesitate to "fly to ills they know not of", rather than endure those they have. The article criticised Mr. Moody and others, for preaching a God of love to the exclusion of a God of justice and retribution, and boldly advocated the resumption of fire and brimstone.

While this theory of a theological cause is also entertained by some recent medical writers, and while it may possibly have been a factor, it is not adequate to account for so great an increase; for my observation has impressed me with the fact that the minds of this class of patients were much more occupied with the affairs of this life than

with those of the future. I believe the element of imitation or contagion enters more largely into the causation of suicide, than is the case in murders or other crimes, and that, for this reason, it is especially important that sensational prominence be denied them; also that the world be suicide should know that society will do something, even after his death, to express its detestation of his cowardly crime. It is true that in very many instances, the person who commits suicide, by so doing, performs the first act of his career really beneficial to society. Again, there are the violently insane, who can only be prevented from suicide by forcible restraint and confinement. But it is not among these classes the increase is observed. As illustrating the influence of example in the crime of suicide, I will relate the following case which came under my own observation:

Mr. A., a young business man, well known and respected in the community in which he lived, committed suicide by shooting himself in the temple with a revolver. The community was profoundly stirred by the tragedy, and for some days it was the principal topic of conversation on every street corner and by every fireside. A well to do farmer, living about a mile from town, a middle aged intelligent and kindly man, whose mental condition had, up to that time, been apparently normal, became greatly exercised over it, and made frequent trips to town, where he manifested a keen interest in all that was said about it, and he finally interviewed one of those who sat upon the coroner's jury, and from him obtained a detailed description of the appearance of the young man after death, and the exact location of the point of entrance of the ball.

About a week after the death of Mr. A., the community was again startled by the information that this quiet and steady going farmer had shot himself. I saw him a few moments after the shot was fired and found the wound in the exact location as that of Mr. A. No motive for the act was ever discovered, and imitation of the act of his neighbor was the only explanation ever attempted; and I was at the time, impressed with the idea that, whatever may have

been the predisposing cause, the proximate cause was example.

The following case, which is related by Sir Charles Bell, is also suggestive:

One of the surgeons of the Middlesex Hospital was in the habit of going every morning to be shaved by a barber in the neighborhood, who was known as a steady industrious man. One morning the surgeon was conversing with the barber about an attempt at suicide which had recently occurred, and the surgeon observed that the man had not cut his throat in the right place. The barber then inquired, casually, where the cut should have been made, the surgeon pointed on his neck to the situation of the carotid artery. The barber, in a few minutes, retired to the back of his shop, and there cut his throat with the razor with which he had been shaving the surgeon; he wounded the carotid artery in the place indicated by the surgeon, and died before assistance could be rendered him. Although this act may have been only the result of a delusion which had long existed, there was a strong presumption that without the suggestion it would not have been committed.

The imitation of the style of procedure is also presumptive evidence of imitation of the act. It is becoming quite a fad of late, for a man who has the blues, or who has quarreled with his wife, or with fate, or God, or nature, to murder all the family and close the scene with self murder. This is not an old custom, but is quite peculiar to our time. Within my recollection it was looked upon as unique and particularly startling, but now we read of it so frequently it hardly causes comment. It is in no wise probable that it is an original idea in the diseased mind of each individual who departs this life, in this spectacular manner, but in doing so he imitates some other man whose act has been advertised, and impressed him; and brooding over his real, or imaginary troubles, and contemplating similar acts perpetrated by other men, he finally arrives at the conclusion to follow the example. It seems almost incredible that a

man should commit suicide in order to create a sensation. Yet they have done so.

I was in a hotel in Chicago some fifteen or twenty years ago when a man, as he himself declared, killed himself in some six or seven different ways. He took two kinds of poison, shot himself after having opened a vein in his arm, and having hung himself and arranged a slow match which was to burn the rope off and precipitate him into a bath tub filled with hot water. He left a letter in which he unfolded his plan—saying he had debated long whether to favor Chicago or St. Louis with the sensation. If his shade had access to the papers at the time, he must have felt repaid for his trouble. I do not know whether he was ever of any use in the world or not; I use his case simply to illustrate a type.

Suicide is sometimes the culmination of a long cherished purpose, but is more frequently the result of a transient impulse.

Most, perhaps all, of us have seen times in our lives when death seemed more desirable than otherwise, but the affairs of life soon dissipate such melancholy and abnormal reflections. Man is ever prone to quarrel with his conscience, his neighbor, or his God, and thus may arrive at the decision to surrender his life, from pique, sorrow, or despair. Often an apparently slight incident may precipitate the fatal act or serve to dissipate the gathering clouds. Once past the climax, the patient is often permanently safe.

On four occasions I have succeeded in reviving patients who had attempted suicide by poison. In each instance the patient, finally manifested a desire to live, and disclaimed any intention of repeating the attempt; and two of them, to my knowledge, resumed the duties and responsibilities of life, were useful members of society and apparently happy. Sorrow, disaster, disappointment and undue excitement are the inevitable heritage of our race, and will result in discontent, rage and despair, paving the way for the impulse of self destruction. Already it is estimated that nearly, or quite, one per cent of the men who reach the

age of twenty years, ultimately die by their own hands. What shall be done in the way of prevention, or how much can be accomplished, I do not pretend to say. I merely call your attention to existing conditions, and make some suggestions, sanitary suggestions.

I would restrict the newspaper accounts of suicides to a half dozen lines in nonpariel or minion type; I would restrict the funeral display to a black shroud, a pine coffin, and perhaps a democrat wagon, and I would bury the suicide in grounds set apart for that purpose.

Full many an æsthetic, though distracted maiden would decide against suicide if she knew her winding sheet would be of unbecoming black, for often their last moments are devoted to arranging the details of the post mortem ceremonies. Full many a discouraged man would choose to wait for the tardy, but legitimate messenger of death if he knew he could not rest beside those he loved. These, and perhaps other, restrictions would help the weary, desperate, and discouraged to tide over the climax of despair until nature and reason could reassert in them the love of life, and the bright star of hope could become disenshrouded from the mists of "outrageous fortune".

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#### ACUTE DELIRIOUS MANIA.

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H. H. BINGHAM, M. D.,

FERGUS FALLS, MINN.

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"Acute delirious mania," "hyperacute mania", the "raving madness" of old authors, though a comparatively rare form of mental disorder is never the less an important one, as, though the prognosis is always very grave, still with good care, active treatment and constant attention on the part of nurses and physicians, recovery sometimes takes place, and the patient returns to his normal mental condition. The history of cases of this disease admitted to the Fergus Falls

State Hospital gives a fairly good idea of its frequency of occurrence. Thus out of 2175 admissions, sixteen were of this form, and of these, four recovered, one improved and eleven died; but the death rate is usually given as much higher.

But though its importance is recognized by all, and though it is dreaded by the physician as one of the most dangerous of mental diseases, there seems to be a marked scarcity of literature on the subject. Clouston, Grey, Spitzka and Kellogg hardly mention it, and Regis devotes but two pages to it.

Acute delirious mania is a distinct type of insanity and not a third stage of acute mania as it is sometimes spoken of. The disease is self limited, of short duration, and unusually ends in death in from five to twelve days. When recovery takes place; the wild delirium, high temperature, etc., subside in from one to two weeks, but it may be several weeks longer before the patient is fully convalescent.

The commencement of this disease is usually marked by a period of depression that in some cases may suggest an incipient melancholia. Generally after this depressive stage, which is usually of short duration but may extend over quite a length of time, the agitation makes its appearance and in a few days, sometimes only a few hours, may reach its maximum of intensity. Stomach derangement is indicated by a dry tongue which may become heavily coated and deeply fissured; the pulse becomes rapid, 120 and upwards; the temperature rises rapidly from 103° F. to 106° F.; the head is hot, the eyes wild and staring, or they may be unsteady and roll about as though the patient had hallucinations; the skin is covered with a profuse sticky perspiration. The patient appears terrified; he gives utterance to incessant cries which are always indicative of mental pain and anguish, rather than of exaltation. He usually refuses all nourishment and has to be forcibly fed by means of a nasal tube; he is very restless, jumping about, pounding the bed and walls with both his hands and feet, making restraint necessary to prevent him from injuring himself. He expectorates incessantly, and with an utter disregard of

where or upon whom his favors light. The reflexes are exaggerated and the least irritation brings on increased motor excitement. Insomnia is persistent.

It is at this period that every care should be taken and continued constantly, as a cure will take place now if at all. But should the disease take the opposite course, as it so frequently does, the fever increases and may run up to 108° F., the agitation becomes more and more intense, until the patient becomes completely exhausted and this is then succeeded by a sort of coma, the pulse becomes more rapid and weaker, the tongue and lips are covered with dark crusts, the breath is fetid, and the respiration rapid, or it may assume the Cheyne Stokes character. The urine and feces are passed involuntarily. Typhoid symptoms with diarrhoea may appear; the pulse becomes imperceptible, coma deeper and deeper and death finally occurs either suddenly from heart failure, or more slowly from nervous exhaustion. In simple, uncomplicated, acute delirious mania the post mortem reveals nothing.

#### TREATMENT.

Treatment consists in building up and nourishing the system, keeping the patient quiet and in darkened rooms, to restrain their agitation, and the use of the indicated remedy. In feeding the patient, the stomach tube will almost invariably be found necessary, and we have obtained very gratifying results from washing out the patient's stomach with a solution of boric acid or potassium permanganate before the feeding, which consists usually of hot milk, containing a teaspoonful of brandy, every four hours, or of malted or peptonized milk as the condition of the stomach may require. As regard hypnotics and opiates I am unable to state, as in the Fergus Falls State Hospital, they are never used, and we believe our lower death rate to be in part due to this fact. Mechanical restraint is often useful, and is, by far, better for the patient as he submits to it more quickly and resists less than when held by several nurses, and the chances of injury to himself are lessened.

The bowels should be kept freely open by means of frequent enemata, and antisepsis of the digestive and intestinal tract in the beginning, will aid in preventing typhoid complications. The high temperature may be combated, and the patient derive much relief by the use of cool tub baths and wet packs, and so intense does the fever become that, in these baths, a temperature of 65° F. is borne well.

If they can have good medical care and the constant attention of experienced nurses, patients suffering from acute delirium should not be removed to the hospital, as in their condition no energy should be wasted. The disease is self-limited, of short duration, and the fatigue attendant upon a long journey may hasten a fatal termination or at least lessen the chances of recovery, and as the onset of the disease is usually quite sudden, they are not committed to the hospital until it has reached a dangerous period.

I will describe two cases committed to the Fergus Falls State Hospital which are nearly typical; one terminating in recovery, the other in death:

M. O., age 23, single, nativity, Norway; occupation, farmer. Habits, intemperate; heredity, mother insane; brother, feeble minded. Admitted to the Fergus Falls State Hospital, February 5th, 1896, in a fairly well nourished physical condition. Weight 133.5 pounds. The following history was brought with patient:

"First symptoms, talking queerly about religion; imagines himself to be sent especially from God; is now insane on all subjects; he is a raving maniac in actions and speech."

When committed to the hospital he was in a very excited and noisy condition, requiring four men to take him to the ward where he was immediately placed in restraint as he kept throwing himself about, striking and kicking. Was very talkative and incoherent. Tongue moist with thin coating. Bell. 1x, 2 hours.

Following is a record of this case until the time of his parole as taken from the case book:

February 6, 1896. Refuses to eat and has to be tubed; is given malted milk. Temperature is slowly rising. Given

a shower bath t. i. d. Feb. 7. Tongue has a dry brown coating. Stomach washed twice daily with permanganate of potash solution 1-2000. Very noisy, great motor excitement. Only sleeps a few moments at a time. Feb. 8. Temperature this morning  $106^{\circ}$  F., but after having a cool bath it fell to  $104^{\circ}$  and to night is  $102^{\circ}$ . Motor excitement still continues. Tubed four times a day with malted milk. Is in light restraint. Feb. 10. Temperature has varied from  $101.5^{\circ}$  to  $103.5^{\circ}$ . No improvement. Has lost physically. To-day, temperature stays in the neighborhood of  $100^{\circ}$  F. Sordes on lips and gums. Feb. 11. Temperature  $102^{\circ}$ . Sleepless. Mental excitement less, and he pays some attention to what is said to him. Feb. 14. Will drink some to-day, and during past two nights has slept eight hours. Temperature  $100^{\circ}$  F. Feb. 17. Improving rapidly. Is very irritable but pays attention to what is said to him and notices what is going on around him. Temperature is normal, and patient takes nourishment well. Sordes are fast disappearing from lips and gums. Feb. 24. Has gained rapidly, both physically and mentally. Is on a full diet now, eats well, and talks rationally. Is allowed up during afternoons. Patient continued to gain, and on March 3rd, was in his normal mental condition. March 23rd, he was paroled, and recovered, his weight at that time being 160 lbs.

L. R. Age 47. Married. Nativity Canada. Occupation, hotel keeper. Habits temperate. Heredity, one sister insane. Admitted to the Fergus Falls State Hospital Oct. 7, 1897, in a well nourished physical condition. Mentally, he was restless, excited, noisy and incoherent, shouting continually in a loud voice "I am Jim Hill", "I am nature", "I am the combination", etc. etc. He paid no attention to what was said to him and had to be restrained one hour after admission, as he was violent and destructive. Tongue was dry and coated brown. Temperature,  $102.4^{\circ}$  F, pulse, 123, respiration 20. Perspiring freely. Patient was given a warm bath and a high enema, and placed in a quiet room. Was put on a milk diet. Rx. Acon. 1x et bell. 1x every hour.

Mental and motor excitement continued all day, and tem-

perature increased rapidly until at four P. M., it reached  $105^{\circ}$  F, at which time patient was placed in a cool tub bath and allowed to remain there twenty minutes, and at eight P. M., temperature had fallen to  $101.5^{\circ}$  F, pulse, 116. Perspiration profuse. Had taken milk fairly well all day. Oct. 8. At 4:15 A. M., temperature was  $107.2^{\circ}$  F, pulse 160, respiration 32. Was placed in a bath of  $65^{\circ}$  at 5 A. M. at which time temperature (rectal) taken by two thermometers (one a Hick's) was  $108^{\circ}$  F. Remained in the bath thirty minutes, temperature falling to  $106.2^{\circ}$ ; one hour after bath it had fallen to  $101^{\circ}$  and at 7 A. M. was  $99.8^{\circ}$ , pulse 120, respiration 30. Patient refused to take nourishment, so was fed by means of nasal tube, with malted and peptonized milk alternately every four hours, which was preceded by lavage of stomach with a solution of potassium permanganate. Was also given nutrient enemata every six hours, and a small amount of whisky every four hours. Temperature during remainder of day, varied from  $101.6^{\circ}$  F to  $103^{\circ}$  F. and patient continued noisy and incoherent often, shouting in a loud voice. Oct. 9. Passed a relatively quiet night, but slept little, excitement continuing. Often asked for water, but when offered it refused to drink. Talked incoherently of "Jim Hill," "Sullivan," "Murderer Durant," "his children", etc., and imagined that there were snakes and elephants beside his bed. Temperature at 7 A. M.,  $102^{\circ}$  F. During the day he slept a little over one hour. Was given a sponge bath several times. Temperature in evening  $103^{\circ}$  F. Oct. 10. Temperature did not rise above  $101.8^{\circ}$  during entire day, and patient slept one and one-half hours. Bowels moved five times, stools were watery in character. Drank water but refused milk and medicine, and seemed to pay a little more attention to what was said to him. At times he imagined he was being poisoned and when given an alcohol bath, said he was being burned in acid. Pulse continued rapid but of good quality, and tongue was coated less and not so dry. Oct. 11. Was quiet nearly all day and during afternoon and evening drank several ounces of milk. Oct. 12. Became more restless early in

the morning. Had a chill at 4:50 A. M., and temperature rose from 101° to 103.6°. Was very excited and had to be held in bed. Imagined that he was on a ship and was falling over board. Large accumulation of gas in colon was removed by means of rectal tube. At 3 P. M. temperature was 104.7° and patient was placed in a cool pack for twenty minutes. At 8 P. M. temperature was 103.1° pulse 135, respiration 33. Oct. 13. Was quiet nearly all night and slept about 1.5 hours. Temperature at 5.30 A. M., 101.2°, pulse 108, respiration 26. Passage from bowels, large in amount and quite soft in character. Was quiet all day. In a typhoid condition, picking at bed clothes, and sliding down in bed; sordes on teeth and gums. Temperature varied from 101.2° to 103° F., pulse 130, respiration 30 to 42. Retained nourishment quite well. Oct. 14. Bowels moved five times during night. Was in a stuporous condition all night. Temperature 101.5° to 102.8°, pulse 136, respiration 40. In the afternoon, patient sunk into a semicomatose condition, Cheyne Stokes respiration, pulse rapid and weak. Given inhalations of oxygen. Oct. 15. Continued in a semicomatose condition during night. In spite of stimulants, grew rapidly weaker, and died at 8.50 A. M.

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#### CASES FROM PRACTICE.

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L. M. ROBERTS, M. D.,  
LITTLE FALLS, MINN.

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The following cases are presented in the belief that they may prove interesting to many and instructive to some, especially the younger members of the profession, who, like the author, find no open sesame to the art of surgery, but plenty of hard knocks and surprises, to teach us, the better perhaps, the doctrine of eternal vigilance and caution.

CASE 1. Mrs. S. Multipara; when first seen found swelling

in right inguinal region with history of abscess operated upon two years previous in some location with four inch scar to mark where one of St. Paul's celebrated surgeons had operated when he drew off a pint of pus. I paralleled the incision after satisfying myself of it's being a recurrent abscess and drew off about 12 oz. of pus, and packed with gauze. Two years later was called to same case; found all conditions similar and as patient lived in country, told the husband to notify me when abscess was "ripe"—this was before the day when everyone had appendicitis. On notification I went out, washed parts froze with a spray, (chloroform and menthol) and introduced my bistoury between my incision and the St. Paul surgeon's and made another four inch incision. "What's that?" she exclaimed, as a double handful of intestines came rolling out of the wound. I replied, "O, that's nothing, lie still"; clapped my fingers over the intestines, ran them over carefully, found no wound and replaced them at once; had husband hold a piece of carbolized gauze over wound while I extricated a needle and silk from my case, and sewed her up; put her on a strictly antiphlogistic treatment, but in twenty-four hours, chill occurred, followed by fever  $107^{\circ}$ . Called consultation; diagnosis, "septic peritonitis"; prognosis, "fatal;" treatment, "consultant wished to open up, and wash out" but offered so little encouragement that I refused; result,—ran its course; recovered, and is alive and well to-day, but wears a truss for hernia. Query, what did I have? I am constrained to believe that originally it was an apendicular abscess which recurred, and finally during some effort the adhesions which originally walled off the intestines ruptured or became sacculated and the inguinal tissues having been so thinned out by two abscesses and destroyed by two operations, the intestines simply filled the sac, or forced themselves along canal, and I had an entirely new condition to deal with. She got well, but I do not operate on hernias that way now.

CASE 2. Ettie T., in June, 1897, fell six feet from top of boxes on which she was playing, with a pint bottle in her left hand; bottle broke in many fragments, terribly lacerating

her left wrist, cutting each and every tendon, and all tissues to bone excepting ulnar artery and the flexor carpi ulnaris; the radial and interosseous arteries were ligated and I then endeavored to find tendons, which was impossible in the wrist, as they were cut at different angles and altitudes, and completely retracted into their sheaths; but I persisted and split up the sheath of each tendon, until I found the cut end, passed a silk ligature through each, drew them down and had assistant hold them; when he had secured them all, I accomplished the very difficult feat of finding, approximating and suturing their proximal and distal ends. No suppuration followed, but some of the sutures, iron dyed silk cut out and working up were expelled through skin, or rather extricated therefrom when seen. Result, perfect wrist motion, pronation and supination; and at this writing about seventy-five per cent of flexion and extension, but arm still weak. She, being but eight years of age, it was difficult to get her to practice with it, but it is constantly improving. I am not aware of ever hearing of a case where so many tendons were cut and so good a result obtained.

CASE 3. Interesting physiological study. Mrs. G. Removed a sarcoma of parotid gland last December, would have enucleated the whole gland if I could, but it was so very adherent and she lost so much blood, that I desisted; although feared lest some tissue at inferior angle was attached to carotid, and all vessels, and sheaths of nerves, in that region. Wound healed nicely, apparently, but on the tenth day discovered a small fistulous opening from which a perfectly clear viscid fluid exuded, which varied considerably, mastication, and later, hunger, considerably augmenting its volume between meals, and when not talking no fluid, or but little, exuded. I recognized the fact that I had a salivary fistula to deal with; I introduced a platinum cautery point and cauterized several times unsuccessfully. I finally curetted with a small semi-blunt curette, and was gratified by cicatrization, and at this date, nearly six months, perfect cure, apparently. I have had two experiences in enuclea-

ting parotids before, where there were no attachments, for sarcomata which recurred, with fatal results; and can affirm that no one who has not operated can imagine the difference between the conditions where you have no adhesions, and where you have extensive adhesions.

CASE 4. J. C., aet. three and one-half years; high fever one week, then sore mouth, over-hard palate, leathery patch like diphtheria, but no membranes on throat or other diphtheric phenomena; later developments showed (after digesting off patch with papoid,) bone loose; anæsthetised and removed easily portions of the anterior (alveolar) processes of superior maxillary bone, and the cusps of two permanent incisor teeth; temporary teeth remaining in situ. At this date, one year later, teeth are still in situ though quite loose. This case is unique. My theory is, the child must have been running with a stick or pencil in his mouth, and falling, fractured process and set up necrosis.

CASE 5. Is a case of fracture of the cricoid and thyroid cartilages with recovery. Memorable from the fact that it is the only case I can find on record, where death did not ensue—the details will be presented to those interested in the proper bureau.

CASE 6. A case of sarcoma of breast which I removed last June, the skin was so involved that it necessitated a very large surface, healing by granulation. This healed many times only to open again at menstrual period—a curious coincidence at least. Of all the local applications used, I must say, bovinine gave most satisfaction.

#### SIMPLE METHOD OF STERILIZING MILK.

If one cannot procure bottles, or the proper sterilizing apparatus, which costs about two dollars, put the quantity of food to be used in twenty-four hours into the double boiler, and let it remain for ten minutes after the water in the outside compartment has boiled. Cover during the process. Pour the milk into a self-sealing jar and stop the mouth with a plug of cotton wool. Keep the jar in the ice-chest, and do not leave the plug out after removing part of the contents.—*Ladies' Home Journal.*

# MINNEAPOLIS HOMŒOPATHIC MAGAZINE.

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## EDITORIAL

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### OSTEOPATHY AND OSTEOPATHISTS.

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There is not a decade that fails to bring forth something that is new, or claimed to be such, in the methods devised for the treatment of disease. One of the latest, and apparently most popular of these methods is found in what is known as osteopathy. Whether bad, good, or indifferent, so far as its real value is concerned, the fact remains, that this particular treatment is rapidly coming into prominence. It is interesting and pleasing the people, and for that reason, if for no other, it will prove to the advantage of the medical profession to know what it is and how to meet it. Is osteopathy but a passing fad? Possibly; but it is not safe to prophecy. Is it a science, or is it a delusion? Perhaps a little of both and something of neither. It was a favorite saying of a prominent allopathic educator, now deceased, that there is an element of truth in every popular error. The accuracy of this statement is proven every day, and so-called osteopathy is a bright illustration of it.

The founder of the osteopathic school of practitioners is a Missouri physician who claims to have suffered a partial dislocation of a rib, by being thrown from a mule. The results of this dislocation were impaired heart action and paroxysms of intense pain, for which his brother practitioners were utterly unable to find a cause. Leaning upon a croquet mallet accidentally restored this wandering rib to its proper position, and a prompt and perfect cure resulted. From this incident came the thought that misplaced bones might be a common cause of disease. Theory led to experiment, and experiment to conviction. From this little germ of thought, dropped upon fertile soil away down in Missouri, has grown the apparently lusty young tree to-day known as the osteopathic school of physicians.

Briefly stated, the osteopathic belief is that all disease is due to obstruction. This theory has an old and familiar sound. It reminds one of that elaborate and highly scientific circular issued by the proprietors of Dr. Morse's Indian Root Pills—a preparation that has been before the public for half a century or more—wherein it is boldly claimed that all sickness is due to clogging and stagnation of the circulation. Dr. Morse, however, sought to relieve this clogging by making a long, hot hole through the alimentary canal, whereas our osteopathic friend goes at it by lifting a bone and twisting a muscle here and there, or readjusting a nerve or tendon that he thinks has gotten in the way of the life current. Both of these ideas appear plausible and are certainly fascinatingly simple. Unfortunately, however, the treatment of disease cannot be successfully carried out in any such easy manner. The osteopathic idea looks useful. So does a sieve—but it will not hold water.

We may safely concede that the human economy is occasionally wrecked by a misplaced switch. Misdirected or obstructed circulation of the blood is unquestionably an evil. It is possible, too, that this sort of thing occurs more often than we realize. It may be that some of our chronic cases of obscure character are due to something of this nature, and can be benefited or perhaps cured by well directed

manipulative treatment. It is very possible, also, that in our mad chase after microbes we forget or overlook the important lessons that anatomy and physiology teach us. In so far, then, as osteopathy calls our attention to these lessons, it is to be commended. To the extent that it opens our eyes to our own obtuseness, we are willing to give it credit. But we cannot conscientiously do more than that. We cannot accept its doctrines. Misplaced organs or tissues may, and do cause divers unpleasant symptoms—but that they are responsible, for instance, for pneumonia, typhoid fever, tuberculosis, or syphilis, is sheer nonsense. The osteopathic idea is a pretty one, of, perhaps, limited usefulness; but its attempted application to the whole domain of medicine represents theory run stark, staring mad.

Our proper attitude toward osteopathic practitioners is a matter worthy of some thought. It will scarcely do to dispose of them, by calling them quacks, for some of them are not. With pretenders, we of course can have no sympathy; but what shall we do with a man who thoroughly grounds himself in anatomy, physiology, chemistry and allied branches, who masters the human body in health, and in disease, and who then starts out to conscientiously treat all patients by manipulation? Can we brand him a quack? No. Upon the question of therapeutics he has an inalienable right to think and do as pleases. As homœopathists, we base our claims to legal existence upon this very right. How can we deny it to others?

Medical boards will have to be extremely careful in handling this matter. The osteopathist has legal rights that even they are bound to respect. To prosecute is too often translated by public and jury to persecute, and imagined persecution is always the "open sesame" to popular sympathy. The self-styled "regular" profession tried for years to stamp out homœopathy by persecuting its practitioners, but every attempt has proved a boomerang. The same result is likely to follow any effort to legally smother osteopathy. The people will not permit it. Furthermore, theedu-

cated and qualified medical profession has nothing to gain by such a course. What of good there is in the osteopathic idea, should be utilized by every intelligent practitioner; what of error it contains will eventually die a natural death. If let alone, it will die in peace and quiet; but any premature attempt to throttle it, will be sure to prolong its existence. At least temporary defeat will be the fate of examining boards that take hasty action in this matter. The people, as we said before, are pleased and interested by the osteopathic bauble. They want to play with it awhile—and perhaps the medical profession will best serve them and itself by letting them do so.

It is always astonishing, and sometimes annoying, to see the public wander off after strange gods. Human nature is ever on the *qui vive* for something new and wonderful in the fields of therapeutics, and sufficient superstition still prevails among many, otherwise intelligent people, to ever and anon fan into flame a smoldering belief in the miraculous in men, methods and medicine. As a matter of fact, there is nothing really new under the therapeutic sun—but the dear public never did and never will believe it. Even Paine's Celery Compound and Dr. Green's Nervura are in composition, essentially as old as the hills of Zion, yet thousands of presumably sane and sensible people daily inflict their beautiful faces and bad grammar upon the public as shining examples of the marvelous efficacy of the "new" remedies. Nor is osteopathy really original, except in the claim that manipulation will cure all ills—which is not true. At its best, it is but a branch, and a minor one at that, of what is legitimately known as surgery. Every competent surgeon is of necessity an expert anatomist and physiologist, and thus stands squarely upon the foundation of this alleged science. From fundamental principles to details, is but a step that every qualified practitioner can take, and doubtless will take. Surgery will no doubt absorb all that there is of value in osteopathic manipulations. But meanwhile the medical profession would better observe a discreet silence. If the sincere and competent osteopath

can do suffering humanity any good, let him do it. As for the osteopathic pretender, if given sufficient time and rope he may safely be depended upon to hang himself.

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### HONORS TO OUR ARMY SURGEONS.

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On Friday evening Sept. 30th, thirty of the representative members of the homœopathic school practicing in Minneapolis and St. Paul, sat down at table at the Commercial Club in Minneapolis, at an informal supper tendered surgeon Major A. B. Cole, of the 14th Regt. and assistant surgeon Captain W. H. Caine of the 12th Regt., Minn. Vol. Inf., following which informal remarks were made by many of those present apropos to the occasion, and letters were read from many who were unable to be present. All expressed themselves as having had an enjoyable evening, and as being glad of an opportunity to do honor to whom honor was due.

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### MEDICAL MISMANAGEMENT.

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The mismanagement of the medical department of the army has been so notorious that we have refrained from commenting thereon. But when a veterinarian, who, even though he be a graduate of the medical department of the University of Pennsylvania, has directed his practice to animals, when such a person is made medical director of a camp like that at Chickamauga, with sixty thousand men under his care, and simply because he had influence, and had treated successfully Mrs. McKinley's pet dog, as is reported, it is time to raise a very strong objection, and insist that the investigation now in progress, be made something more than a mere whitewashing.

Other flagrant abuses exist, or have existed, and these must be satisfactorily explained before the public will be satisfied.

**BOOKS.**

**MODERN GYNECOLOGY. A TREATISE ON DISEASES OF WOMEN.** By CHAS. H. BUSHONG, M. D. Illustrated. Second Edition, enlarged. E. B. Treat, & Co., 241-243, W. 23d St., New York.

This well known firm of publishers have spared no pains in issuing this second edition of the volume from the pen of this popular author. The volume is extremely readable—is able, concise and much of it has been rewritten, particularly the chapters treating of neoplasms and the malignant diseases of women, wherein much new matter has been added. By all means secure a copy.

**A CLINICAL TEXT BOOK OF SURGICAL DIAGNOSIS AND TREATMENT FOR PRACTITIONERS AND STUDENTS OF SURGERY AND MEDICINE.** By J. W. McDONALD, M. D. Edin., L. R. C. S. Edin., Prof. Surgery, and Clinical Surgery, Medical Department, Hamline University, Minneapolis. 328 illustrations. W. B. Saunders, Philadelphia, 925 Walnut St. 1898.

It is with pleasure that we turn to the pages of this book from the pen of our friend and confrere; and, like its author, we find the volume reliable, concise and always to the point.

The busy man needs such a book and so does the student. The descriptions of disease are complete and comprehensive and the writer endeavors always to impress upon the reader the necessity for careful, painstaking diagnosis. The special topics of eye, ear, etc., are left out, but the broadfield of general surgery is well covered. The illustrations are numerous as mentioned above. The make up of the volume is good, and certainly no one can but be the gainer by becoming the possessor of the work.

**AN ABRIDGED THERAPY AND MANUAL FOR THE BIOCHEMICAL TREATMENT OF DISEASE.** By Dr. Med. SCHUESSLER, M. D., of Oldenburg. 25th Edit., partly rewritten. Translated by Prof. Louis H. Tafel. Bœricke & Tafel, Phil. 1898. Price \$1.00, postage 7 cents.

This little volume contains, in addition to the therapy of the biochemic remedies, an obituary of its distinguished

author, as well as a fac simile of one of his letters to the publishers. To the student of biochemistry this little volume is invaluable.

**THE CHANGE OF LIFE IN WOMEN AND THE ILLS AND AILINGS INCIDENT THERETO.** By J. COMPTON BURNETT, M. D. Bœricke & Tafel, Phil. 1898. Price \$1.00, by mail \$1.06.

The author, feeling that the ordinary clinical lectures upon the menopause, give but slight benefit to the medical student and practitioner; has, in this volume, given the results of his observations stating in his own unique way that he has "always tried at least to strike a match in any dark corner where medical mysteries midst ghostly terrors most abound; and although the illumination emanating from one solitary match is not exactly blinding, still it is more helpful than utter darkness"—and we can honestly say that the illumination we have received therefrom is certainly brilliant.

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### **NEWS AND NOTES.**

Dr. S. Myrtle Freeburger has returned from Lawrence, Kansas, to Manson, Ia.

Dr. H. C. Ebersole, of Boone, Iowa, is another homœopathist with the U. S. Army.

Dr. F. M. H. Long, has removed from Eaton Rapids, Michigan, to Ellendale, North Dakota.

Dr. Thos. H. Mathews, Oakes, N. D., has removed to Los Angeles, Cal.

Dr. Geo. G. Clifford of San Antonio, Texas, is post master at that city.

Our Dr. M. O. Terry, of Utica, surgeon general of the state of New York, has done such splendid sanitary work in the various camps where New York soldiers have been located as to draw out encomiums from every one—Dr. Nicholas Senn included.

Accident Insurance Companies are beginning to insure against typhus, typhoid, scarlet fever, smallpox, measles, diphtheria, etc.

Dr. Theodore Schlisselman, a recent graduate of the Cleveland Homœopathic College is reported as having secured an appointment as assistant surgeon in the regular army.

An Italian surgeon is reported as having successfully resected ten feet and nine inches of intestine from a boy, who entirely recovered.

The latest territory of the United States, Hawaii, requires an examination before the Board of Health, for a license to practice.

Dr. Filip Forsbeck and Miss Edith Wyman were married in Milwaukee, Sept. 19th. Our congratulations are hereby extended.

Dr. E. Weldon Young, of Seattle, Wash., and a graduate of the University of Minnesota, has been appointed medical examiner for the civil service commission at Seattle.

Dr. Gillette of St. Paul, an old school surgeon, has recently made his first annual report of the work done at St. Joseph's Hospital by him as surgeon for indigent crippled and deformed. He treated some twenty-four cases. The State Legislature having appropriated some \$5,000 for the work.

Dr. C. E. Fisher of the *Medical Century*, is abroad with a patient, and Dr. A. C. Cowperthwaite is occupying the editorial chair.

H. D. Wood Jr., has been succeeded at Alexandria, Minn., by Dr. Francis Peake who has been practicing at Pelican Rapids, Minn. Dr. Wood has located in Minneapolis.

Dr. M. L. Huntington, formerly of Darlington, Wis., after completing the summer course at the Chicago Eye, Ear, Nose and Throat College, has sailed for Europe accompanied by Dr. J. W. McLachlan, and will spend the winter at the Moorfield's, London, Eng., Eye and Ear Hospital, and later will go on to Berlin, Vienna, Paris, etc.

The *Medical Arena*, had some very timely criticisms and suggestions relative to the American Institute in its August issue.

Dr. Whiting, surgeon in one of the Oregon regiments U. S. V. is a homœopathist, and is at Manilla with his regiment.

Dr. G. G. Balcom, of Avoca, Minn., has been appointed medical examiner for the Mutual Life Insurance Company of New York.

Dr. Elta E. Daley, National Medical College, Chicago, 1898, has opened offices at Fifth and Washington Streets, St. Paul.

Dr. Oscar LeSeure, Detroit, Mich., professor of surgery in the homœopathic department of Michigan University is brigade surgeon in the U. S. V.

Dr. E. Stella Perrigo, of Pipestone, Minn., has opened new offices over the Pipestone County Bank in that city.

Dr. W. C. Richardson of St. Louis, Mo., has removed to 5359 Cabanne Ave.

Dr. Reuben H. Wood of Mt. Carroll, Ill., has been visiting in this city recently.

Dr. Genevieve Tucker, Pueblo, Colorado, formerly of Northfield, Minn., has been elected president of the Colorado Homœopathic Society.

Dr. H. D. Wood, Jr., formerly of Alexandria, Minn., has located on Washington Ave. North, Minneapolis.

Dr. Geo. P. Connolly, Rockford, Minn., a graduate of Chicago Homœopathic Medical College, 1887, was licensed to practice at the October meeting of the State Medical Examining Board.

Dr. R. B. Howland, Elmira, New York, is an assistant surgeon with rank of captain in the N. Y. volunteers.

Dr. P. L. Hatch, of Santa Barbara is quite ill in Minneapolis, we are very sorry to announce. Dr. Hatch was one of the pioneers of homœopathy in this city.

Dr. C. B. Pillsbury has removed from Duluth to Owatonna, Minn.

Dr. D. H. Roberts has returned to Owatonna and formed a partnership with Dr. C. B. Pillsbury.

# MINNEAPOLIS HOMEOPATHIC MAGAZINE.

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## ORIGINAL ARTICLES.

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### SOME EXPERIENCES IN THE TREATMENT OF SKIN DISEASES.

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WM. E. LEONARD, A. B., M. D.

PROF. OF MATERIA MEDICA, UNIVERSITY OF MINNESOTA.

MINNEAPOLIS, MINN.

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It is not my purpose to revive the hackneyed subject of external versus internal treatment, a subject over which controversy has raged for generations, not only between extremists of our own school, but also between the learned dermatologists of routine medicine.

In classical dermatology, arrayed mainly on the side of external treatment, are the renowned Hebra and Unna, while Hunt and some of the earlier skin specialists extol the internal use of arsenic as the only method. The present status of old school practice, at least in America, is fairly stated by Dr. Geo. Henry Fox as a happy mean between the above extremes, viz: the use of arsenic as most efficacious in many chronic inflammatory diseases, while regulation of the diet, hygiene and general improvement of the patient's health is even more successful in most acute inflammatory skin diseases.

Of course, homœopathists are by no means confined to

arsenic in their internal medication, as is practically true of the old school, since we know of the specific effects of some forty reliable skin medicines, and many of these are entirely unknown to the other school, as, for instance, graphites, lycopodium, calcarea carb., etc. Yet, even with these advantages, I am confident that we too may not spurn the middle ground and ignore the use of soothing or occasionally even medicinal external applications. As illustrating this middle ground, I will summarize my experience of two years in the skin clinics of the University Homœopathic Dispensary, held weekly throughout the year, and also in some typical private cases. At the clinic, in those two years, over two hundred cases of skin disease were presented. A majority were various acute and chronic forms of eczema, and the remainder scattering instances of acne, erysipelas, urticaria, psoriasis, pityriasis, tinea, miliaria, scabies, rosacea, pediculi, etc. Each disease will be given separately with a general outline of the methods employed. One class can be dismissed in a word—viz: the parasitic. For these the treatment was some local parasiticide, with free use of aqua pura, sometimes such a general medicine as sulphur being essential to a complete relief of the irritated or inflamed skin.

Acne, of which, next to eczema, we saw the greatest variety, including vulgaris and indurata, as well as milium and comedo, was palliated only by both local and internal means. Persistent opening of the ripely inflamed glands, the use of nothing but very hot water upon the parts affected and occasionally cleansing with boric acid, tar, or sulphur soaps, and such remedies as natr. mur., bryonia, hepar, and nitric acid, were usually palliative and with patience curative. It was impossible in a free clinic to regulate diet or hygiene to any extent, for the food is what they can get, and not what their troubles require, and their hygiene is usually of an involuntary kind. This being true in general, most cases in acne, as well as other chronic skin ailments, drifted out of our observation only partially improved.

**Erysipelas**, was never treated but by internal medicines only, and was thereby readily cured. I have long since learned the uselessness of cranberry, slippery elm, or other poultices, in this affection. If something must be done to allay the burning and itching, vaseline, lanoline or simple cerate is entirely sufficient. In the order of their usefulness, the following remedies are my reliance: Bell., apis., lachesis, cantharis, euphorbia.

**Urticaria.** Here, local applications are most often necessary, if you would make a second visit to your patient, and the best for that most painful form affecting the soles of the feet is wrapping in cloths saturated in chloroform water, or keeping the feet in moist black earth, or excelsior dressing, the latter being more elegant and more efficient. Arsenic and apis will promptly check most cases.

**Psoriasis**, in the few instances we had, proved as obstinate as the books say, for cleanliness, bathing in oils, etc., were out of the question. As Kippax says, probably arsen. jod., persisted in for months, is the nearest specific remedy.

**Eczema** furnished most of the cases and was naturally divided into the acute and chronic; most of the acute being outbreaks of the chronic form chiefly seen about the head and face of children, and occasionally upon the genitals of adults, while the chronic affected the body, legs and ankles of old people. As has been recorded by numerous observers, eczema seems to travel down the body as age advances, appearing about the legs and ankles in the oldest subjects.

I speak of acute outbreaks of the chronic form, for I was generally able to find some family history of so-called "salt-rheum", one or two generations back. Specially was this true of the Scandinavian peasantry whose parents and grandparents subsisted mainly upon salt pork. Nor from experience in private practice with those of New England parentage do I draw any different conclusion about the relation between the eczema and the disobedience of the Mosaic law against the abuse of pork. One case of eczema capititis of twelve years duration, in a young Swedish girl, is

worth while detailing. The whole crown was a solid dry, brownish scab, with a fringe of new hair along its border quite different in color (darker) from the small remnant of original hair along the forehead, and low about the occiput, making a very noticeable and distressing deformity. All manner of applications, even to a pitch cap, had been used in this case. In six weeks treatment, with simple vaseline externally, and graphites (mainly) internally, we had a new growth of fine short hair where the scab had been. We lost sight of her soon after, and had to be satisfied with this much improvement.

Those cases called acute, i. e. that had manifested themselves but a few days or weeks and in the vesicular or pustular stage of eruption, reacted quickly without external adjuvants, other than vaseline, under such drugs as graphites, arsenicum, antim. crud. and rhus.

The chronic forms were always more obstinate, nor did we usually see the patients again as soon as decided improvement began, so that no absolute cures are on record. In the eczema squamosum, my usual application for the nightly itching and irritation was bandaging in powdered boric acid. Where this aggravated, as it sometimes did, thorough washing with boric acid or sulphur soap, followed by vaseline under a light bandage, was sufficient.

That clinic and many private cases have led me to conclude that if anything is "in the blood"—to use the popular expression—is is chronic eczema, and that while local and internal medication may temporarily relieve or even apparently cure, nothing short of years of right diet and hygienic living will eradicate the disease. As has been said, this is not possible in dispensary practice, nor always absolutely practical or curative in private practice. Again and again in certain patients have I seen erysipelas or some accidental local irritation start up violent outbreaks of this ailment, after months or years of dormancy. These outbreaks generally take on the form of so-called eczema rubrum and prove very obstinate, lasting for weeks in spite of anything internal or external.

If anything will convince one of the truth of Hahnemann's psoric theory, it is these cases, but I confess to not having been able to fit any of his antipsoric remedies to the alleviation of the symptoms, even after much careful experimentation. A possible exception is lycopodium, which in very high potency seemed to check one of my very worst cases. I say check advisedly, because in subsequent attacks of the same patient it cut them short, which it would not do if the first attack simply expired by limitation about the time the remedy was given.

Interesting experiments were made at the clinics with certain local applications. For instance, "saponified hepar", as the druggist called it, a digestion of equal parts of sulphur and carbonate of lime in sape viridis (german green soap), in a few acute cases, without any internal remedies, seemed to dry up the eruption quickly. A preparation from petroleum called "rockolean", "excelsior dressing" and others, were used with local relief, but not extensively enough to enable me to generalize as to their curative effects.

Among patent preparations, for the above are essentially that, the most useful in private practice is "resinol", which readily allays the itching and soreness. A most successful result was obtained from daily inunctions of cod liver oil in a private case of general dry eczema, said result being due, I think, to the extra local stimulation and nourishment of the skin. But even in this case, surrounded by the best of care and conveniences, the treatment was given up as soon as the skin was reasonably better.

Psorinum and sulphur (high), sepia (low), graphites, arsenicum and ant. crudum, have proven the principal remedies in my hands, the best results being obtained by solving the difficult problem of the individual constitutional remedy. In chronic eczema, I conclude that adjuvants are mainly palliative, nor do I credit any permanent cure of this complaint to any of the various well-advertised patent preparations, having seen them thoroughly tested in many cases.

## RATIONAL MEDICAL TREATMENT FOR THE CHILDREN.

D. H. ROBERTS, M. D.

OWATONNA, MINN.

Many parents employ a homœopathic physician for their children who still cling to allopathy for themselves. But success with the children is quite certain, sooner or later, to bring the parents also into the homœopathic fold. It is undoubtedly very largely through the successful treatment of these little ones that homœopathy has gained the position she now enjoys in the medical world.

Hahnemann saw that mischief was being done by the heroic medical treatment of his times, and incorporated in his new system all the milder medical virtues. These were especially suitable for children, and the eminent success of homœopathy in this direction is universally acknowledged to be due, in some measure, at least, to these gentle methods and patient waiting. But other schools are now teaching less severe methods, and wide-awake physicians everywhere are earnestly seeking for more light and better practice, and many of them are not afraid, if need be, to leave the beaten track.

Mortality among children is also said to be rapidly decreasing, and this cannot all be attributed to the increasing practice of homœopathy. It therefore behooves us as homœopathists to look well to our laurels.

Though our usual methods may have served us well in the past, if we stand still while others advance it is certain that, sooner or later, we must be left behind, and to prevent this it is confidently believed that what is most needed, at the present time, is a more thoroughly *rational* treatment, and this more especially of the children because their symptoms in disease are so often obscure. Let it be distinctly understood however that by rational treatment is not meant allopathic treatment but decidedly homœopa-

thic. A treatment that is in all respects reasonable and well supplied with common sense. Without thought, judgment and rational discrimination, even the greatest care in the collection, of symptoms and in the findings of a close similimum will not be sufficient. The physician who merely collects the symptoms of his patient and gives the similimum day after day until health returns, or, perhaps death supervenes, is not, in my opinion, very much better than the allopath who first names the ailment and then gives what he supposes to be the most popular remedy for a disease bearing that name. Neither of these automatic practitioners however can be said to fairly represent his school of medicine. The successful practitioner, of either school, must study his case. He must, not only endeavor to understand the internal condition, but he must also observe and modify or control, such external circumstances as may influence his patient. He must exercise his best judgment, his reason in deciding what should and what should not be done. In other words, his practice must be a rational practice.

Perhaps, so far as accessories are concerned, most physicians will agree that every individual case should be carefully studied, and the behests of sound reason promptly obeyed. But there are those who seem to think that the rational faculty should not be consulted in the selection of homœopathic remedies. The law of similia is thought to be all sufficient. It should be remembered however, that the scientific world has not, as yet, recognized any such law, and that even homœopathists have, so far, failed to demonstrate any definite limits for it. It is very evident that before placing so much confidence in this supposed law as to suppress our rationality for its sake, we ought to understand it better; we ought, at least, to know more of its scope and limitations. Perhaps after all it may be found to be a pretty general rule, but not applicable precisely as we have supposed. The basis upon which this law of similia rests is supposed to be the intangible vital processes of the system, and therefore beyond the scope of

rational investigation. It must be acknowledged that these processes have not received the attention their importance demands, but a very little thought will dissipate the idea that even the most intangible of them is, in fact, unknowable. While such vital processes, as the circulation of the blood and the wonderful processes of nutrition and secretion are well known, there are many others much more ethereal that are being successfully investigated. Even the laws that govern the vital force itself are already quite well understood.

None of these things are unknowable. The only really unknowable basis for homœopathy is the false theory that some homœopaths are trying to place it upon, and nothing else. Once disabuse the mind of irrational theories and unlearn what has been learned amiss, and the homœopathist will not find it necessary, for consistency's sake, to deny the rationality of his practice. Nor will he be driven to the ludicrous extremity of parading homœopathy as superior to allopathy, because, forsooth, allopathy is based upon the *knowable*, and homœopathy upon the *unknowable*.

The fact is that the interior causes of all things are more or less obscure to us, but no man can decide what is knowable and what is not. That which was supposed to be unknowable yesterday, is demonstrated, and therefore unmistakably knowable to-day. It is by the exercise of reason that all true advancement is made. When rationality is not recognized as supreme, in medical practice, mysticism, superstition and bigotry have full sway.

I do not mean to deny the value of symptoms. On the contrary, I would accord to them even more value than is generally allowed by the strictest Hahnemannian. What I do object to is the indiscriminate massing of symptoms of all kinds, both in the proving of remedies and in the examination of patients, and the selection of a *similimum* upon such a haphazard basis.

Hahnemann, did not either discover, or devise a system of medicine, so perfect, that his followers can be successful without the trouble of using their own powers. He was

an original and independent thinker, and his true followers follow him in spirit and are therefore also independent thinkers. When our theories are corrected and we have learned to discriminate between symptoms caused by the vital force, and consequently amenable to the law of similia, and those caused by the chemical or mechanical action of the drug, and therefore, for such purpose, useless, then, and not until then, will we begin to realize the importance of knowing the reason for every step taken in our efforts to assist in the cure of diseases. Then indeed can we expect to continue to lead in the successful treatment of children, and to improve our practice, and to increase it, through all the ages to come.

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### HYSTERO-NEUROSIS.

BERTHA FROST, M. D.

ASSISTANT PHYSICIAN, MINNESOTA STATE HOSPITAL.

FERGUS FALLS, MINN.

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The terms hystero-neurosis and hysteria are frequently used interchangeably and a distinction between the two is often difficult to be clearly made in practice.

A neurosis can be proven to be of uterine or ovarian origin, when the symptoms are not aggravated by causes which are known to aggravate existing pathological changes in the organ affected; when the symptoms are aggravated by an exacerbation of the uterine disease and cured by a cure of the disease. In the majority of cures however, it is impossible to say just how much influence the condition of the uterus or ovaries has over the trouble. For instance, a woman may be entirely recovered after removal of the ovaries and the cure be attributed to their having been removed when in reality it was due to the change and rest incident to the operation.

There are certain neuroses which may be said to be physiological, as the various minor discomforts, puberty, men-

stuation, the climacteric and pregnancy and it is a well known fact that any nervous condition is almost invariably aggravated at these periods, whether of uterine origin or not.

The term hysteria is considered by many authorities to be applied correctly only when the trouble is of cerebro-spinal origin as doubtless is the case with many of the symptoms which are commonly thought to exist only in the patient's imagination, or to be entirely assumed; and often a patient is looked upon as a malingerer who is entirely guiltless, though she may have no organic trouble in the organ to which the pain is referred. In a hysterical patient there is an increased impressionability, increased sensitiveness to external influences and lowered power of resistance and self-control which explains why the symptoms are so varied and may change so rapidly. The disposition of the patient is excitable, anxious, often changeable. She has a tendency to talk a great deal of her ills, and often exaggerates for the sake of having the sympathy which she craves. Among the sensory manifestations there may be either an abnormal acuteness, or a dullness of sensation. There is often an intolerance of light and sound, or there may be an anaesthesia affecting the skin, muscles, joints, or mucous membranes. Anaesthesia may come on spontaneously or after a convulsion; usually the latter.

In the paralysis of hysteria there is rarely absolute loss of power. If the legs are affected, they can usually be moved in bed or the patient may be able to walk in a slow, shuffling manner. Any muscles of the body may be affected except those of the face. There may be contractures of various muscles lasting for a few minutes or longer. These are greatest when an attempt is made to overcome the contraction. The tremor which is often present becomes less when the patient's attention is distracted. Convulsive attacks are in some cases so severe as to be mistaken for epilepsy, but by some means the patient can usually be made to show signs of consciousness. There may be various troubles of the digestive tract as nausea

and vomiting, accumulation of gas, constipation, etc. For short periods dyspnoea may be very distressing.

Among the vaso-motor symptoms may be mentioned an undue consciousness of the heart action, palpitation, flushing and paling of the face, and local perspiration. The temperature may rise as high as  $112^{\circ}$  according to Osler, but the patient may tamper with the thermometer causing it to give incorrect reading. In making a diagnosis it is important to take into consideration the relation of the symptoms to emotional disturbances and the changeability of the symptoms.

CASE. Mrs. K., age 24. Four children; age of youngest child, four months. For two years had suffered from severe headache, but otherwise had been well and worked hard. Four months previous to admission into the hospital, she had a convulsive attack after which she was unable to walk and had frequent periods of unconsciousness. Her commitment papers stated that she thought some one was trying to kill her. Had hallucinations, and had attempted suicide. On admission, patient appeared dazed, would not walk, had frequent momentary periods of apparent unconsciousness. After a few hours she became brighter, and would answer questions, though her memory was impaired, feelings dulled and volition weakened. She was in good physical condition, but her uterus was subinvolved; cervix and perineum lacerated, and cervix eroded. Every few days she had one or more epileptiform attacks, when she would roll back her eyes, pound her chest with her fists, and move her whole body convulsively; but it was evident that she was at least partially conscious. Between these attacks she was stupid most of the time, but occasionally would brighten up and talk sensibly. On one occasion she became angry and struck her husband without cause. She would at times be somewhat exhilarated when she would laugh heartily without provocation. In two weeks from the time of her admission, she walked across the floor, though somewhat unsteadily. After this she improved gradually in other ways. Her convulsive attacks became

less frequent, she became less emotional and talked more sensibly. She was paroled three months from the time of her admission. At that time she had had no convulsive attack for two weeks, talked rationally and was not unduly emotional. A letter from her two weeks later stated that she was still feeling well.

The treatment pursued was rest in bed, light diet, massage. Rx. nux vom, galvanic electricity applied to uterus for a time after which the cervix and perineum were repaired.

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### CHRONIC DIPHTHERIA.

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H. M. LUFKIN, M. D.

PROF. OF DISEASES OF CHILDREN, UNIV. OF MINN.

ST. PAUL, MINN.

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On January 15, 1898, Mr. B. called at my office, complaining of sore throat. Mr. B. is a tall, heavy-set man, florid, with a negative family history, no specific taint, and gives a history of rheumatism twenty years ago, which left him with a stiff knee joint. He informed me that he had been troubled with catarrh for several years, but his immediate trouble was a sore throat, which he had first noticed three days previously, and which he had already burned with pure carbolic acid.

On examination I found a grayish-white patch covering the right tonsil. I prescribed, and warned the patient that the white patch was strongly suggestive of diphtheria.

I was summoned two days later, and the day following, or a week after the first symptoms were observed, a specimen was sent to the health office for bacteriological test. On the day following, a report of diphtheria was received, and the house was duly quarantined. While I considered it rather late for the effective use of anti-toxine, I nevertheless injected 2,000 units, and employed 500 units as preventive inoculations on each member of the family. I observed

no action whatever from the anti-toxine. The temperature range was  $100^{\circ}$  to  $101^{\circ}$  and pulse 110. The throat presented evidence of chronic follicular pharyngitis. The tonsil, on the unaffected side, was hypertrophied and spongy. On the right tonsil, covering the pillars and tonsil and apparently extending into the crypts, was a grayish-white membrane, surrounded by a dark zone of inflammation. The patient complained of great pain on swallowing.

The remedies prescribed in this case were belladonna, lachesis, mercurius proto-iodide, together with such local applications as hydroxide and a gargle of listerine. The remedy which seemed so strongly indicated was the proto-iodide of mercury. Having only the one-eighth grain tablets with me, several of these were dissolved in a glass of water and a teaspoonful given every two hours. This remedy was not administered more than two days consecutively, and in all the patient could not have taken more than a grain of the drug.

The throat remained sore, and the membrane varied but little in spite of all the measures employed. The membrane would disappear almost entirely, to be as large as ever within a few hours. Repeated examinations were made by the health office, and each time the presence of bacilli was demonstrated. When the membrane had lasted four weeks, Dr. E. L. Mann saw the patient with me in consultation, and expressed the opinion that it was a diphtheritic throat. At the end of six weeks the membrane had but just disappeared. Both the health office and the state board of health pronounced the specimens furnished them at this time, negative. During the course of the disease, there was noticed a few acneform pimples on the face and chest, and the patient suffered from rheumatic pains in the hands, in the feet, and in the legs. These symptoms, however, gave no cause for especial consideration at the time, or until after the disappearance of the membrane. Then the acneform eruption was greatly aggravated, so that the surface of the entire body was covered with elevated red

blotches and pimples, varying in size from a pinhead to a nickel or larger. Several were closely bunched. This eruption was very distressing to the patient, for it covered every inch of the scalp and face. When the eruption was at its height, it was seen by a skin specialist and pronounced to be acne medicamentorum. The rheumatism, which during the height of the eruption had subsided, now became very pronounced. The temperature remained persistently 99° to 101°. The pains became most severe in the bones of the leg, described as aching, gnawing, and causing great restlessness. The pains were aggravated particularly at night. The tibial periosteum was very tender. There was no swelling nor redness at any time.

For the acne and rheumatism, which were now the prominent and distressing features of the case, I gave nitric acid 3x. To this was added vapor baths or a hot sweat nightly. Under this treatment, both the rheumatism and the acne have steadily, though very slowly, improved; so that, after four weeks, the patient was so far recovered as to be able to appear on the street.

The unusual features of this case are the long-continued presence of the membrane and the extreme susceptibility of the patient to the two drugs, mercury and iodine, in combination. The acne and the rheumatism, to my mind, being a clear proving of the drug mentioned. What relation the long-continued presence of the membrane bears to the drug proving, I will not attempt to say. Considering that the bacilli of diphtheria were demonstrated throughout the course of the disease, I am not inclined to associate the drug in a causative way, but rather blame the chronic pharyngitis, together with the rheumatic diathesis, as the chief factors in the case.

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### GUNSHOT INJURIES OF THE SPINE.

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Until a quite recent date, traumatic injury of the spine was presumed as a matter of course to be beyond the reach

of the surgeon's skill, and so was left entirely to the *vis medicatrix naturæ*. Beyond the cleansing of the superficial wound and removal of foreign bodies, the standards of surgery did not allow the right to proceed further. But with the triumphs of modern surgery in other fields, an increasing confidence has been developed in radical surgical treatment of spinal injuries, until to-day a surgeon would not be justified in failing to use modern operations in relieving a large number of lesions to this complex and delicate region.

The injuries to the spine are divided into, first, those that affect the bony structure but do not involve the cord. Such injuries may include the processes, the intervertebral laminæ, or the body of the vertebræ, any or all of these combined. In such cases the treatment indicated, is such as is generally required to prevent and correct deformity, to remove broken down tissue, to secure healing and restore functions.

The second class of injuries includes all of those which involve the structures of the cord. It is needless to remark that these are of a much more serious character. So many of the vital processes in the economy of the body depend upon the integrity of the spinal marrow, that any means calculated to restore its lost function are of the greatest interest to suffering humanity. In this class of cases the surgeon must be to some degree at least, familiar with the action and distribution of the cerebro-spinal nerves, in order to determine the extent and location of the injury, and to be able to give a reasonable prognosis of the case.

Injuries to the cord may arise from sudden traumatism, such as a fracture or a gun shot wound down into the spinal canal, or from the gradual traumatism of spinal caries as in Pott's disease. So far as the indications go for surgical interference, the rule is the same in all of these conditions. Whenever the surgeon, from a carefnl study of all the symptoms of injury to the cord, is convinced that there is a reasonably probability of extraneous pressure upon the

cord, or of other conditions of tranmatism, such as hemorrhage, or growths, which may be removed by operation, he should not hesitate to go forward. If the operation elected is performed under strict asepsis, whether the functions of the cord be restored or not, he will get perfect healing, and his patient is certainly as well off as before. Where the surgeon has time and opportunity of election, he usually expects to reach the cord by trephining. To do this he cuts down along the ligamentum nuchæ, keeping close to the spinous processes, pressing the soft tissues back on either side until the laminæ are well exposed. The spinous processes over the spot where the canal is to be opened should be cut away by the bone forceps, when the same forceps can be used to cut through the laminæ, well back over the lateral portion of the canal. This operation lays bare the dura and enables the surgeon to enter the canal for the freeing of the cord from foreign bodies, such as bone-splinters, clots, growths, or foreign bodies. The accessory operations upon which the surgeon's success, and the patient's relief or life may depend, are of as great importance as the somewhat formidable one of trephining. The resection of the transverse processes, resection of ribs, removal of portions of the bodies of the vertebrae, the control of hemorrhage, the handling of the trunks of both the spinal and sympathetic nerves, the opening of the dura and its subsequent suturing, and the formidable danger from working against, and perhaps within the costal pleura which is so closely adherent to the ribs and spine, these are a few of the things a surgeon must be prepared to meet after the simpler operation of trephining has laid the field open to him.

In the great majority of the cases of spinal injury described in the literature of surgery, the injury was from the back inwards, very few are mentioned where the injury came from the front of the body, and this is as true of gunshot injuries as of any other kind. Even the surgical records of the war of the Rebellion mention almost no gunshot wounds of the spine, except those made from the rear,

It surely cannot be that our boys ever turned their backs to the foe,—the cruel, death-dealing projectiles must have been deflected from their initial course! The record of mortality in all these cases is very high. The surgeon-general says: "Gunshot injuries of the vertebræ were commonly fatal; yet a few examples were recorded in which the transverse or spinous apophyses only, were injured, in which more or less complete recovery ensued, and fewer still, in which the patients survived for a protracted interval after fractures of the bodies of the vertebræ."

There is no doubt but that under the aseptic care of a modern surgeon our army reports would show a very different result.

It is obvious that the most important point in determining the prognosis turns upon the portion of the cord that is injured and the amount of nerve-tissue destroyed. There are all degrees of chances; from those ending in complete restoration to those resulting in death. If the injury is in the cervical region there is greater danger than in the dorsal or lumbar cord. If the anterior columns are injured, a different group of functions are affected than injury to the posterior columns would show. It is alike obvious that an inflammation resulting from the impact of a ball against the cord might become either a transverse or ascending or descending myelitis. It might affect any tissue or tissues of the cord, or any group of nerve fibres. So that although the traumatism may not have been very severe in itself, there may follow complete degeneration of nerve-fibre with all that it implies. The study, therefore, of a single gunshot, or other injury to the cord, opens up the entire field of functional life connected with this wonderful structure.

One of the very few opportunities of studying gunshot injuries to the cord upon the anterior aspect of the spine was the case of a lady, Mrs. M——, aged 24 years, from whose spinal column I removed a 38 calibre bullet on Nov. 11, 1897. The ball entered the body about two and one-half inches above the right nipple, passing between the ribs to the back of the thorax, glancing thence toward the median

line of the body and evidently lodging in or against the cord. The injury to the cord was evident from the fact that almost complete paraplegia ensued at once. The severe nervous symptoms made it evident that nothing could be gained by a search for the ball along the track from its point of entrance. The shooting occurred on September 27, 1897. After dressing the external wound the patient was put to bed. She developed no alarming symptoms, except those connected with the spinal injury. A slight traumatic pneumonia, which soon yielded to treatment, with good healing of the wound, were the only history outside of the nervous phenomena. A study of these revealed the fact that the focus of the injury was in the right anterior column of the cord, with a little less severe injury to the left anterior column. This conclusion was evident from the fact that the loss of motor power was greater in the right leg than in the left, and that the sensory nerves, whose fibres come mainly down the posterior and lateral columns, were much less disturbed than the motor. The level of the disturbed sensory and motor tract enabled me to locate the ball at about the eighth or ninth dorsal vertebræ. To confirm this opinion, in which I felt the greatest confidence, I had an X-ray photograph taken, which showed that in respect to such an injury the nervous symptoms, when correctly interpreted, are about as safe a guide as the Roentgen ray, as the picture proved the diagnosis to be correct.

The question now arose as to the desirability and possibility of reaching the ball and removing it. It was evident that the usual operation of trephining would not do. I ransacked the literature on the subject, as far as I could reach it, and found not a single case described of like character. After consulting with Doctors Aldrich and Caine, we determined to make an attempt to extract the ball.

Accordingly, on November 11, an incision was made on the right of the spinous processes, over the eighth and ninth dorsal vertebræ, the eighth and ninth ribs were resected, together with the right transverse processes, and about four inches of each rib was removed. Pushing the

costal pleura back into the thorax against the lung—which at every inspiration bulged far out into the wound—and working gradually down over the right anterior aspect of the ninth dorsal vertebræ, the forceps finally grasped the ball and it was withdrawn.

Of course the costal pleura was opened by the ball as it entered, so that there was a free communication between the pleural sack and the wound. Hemorrhage was well controlled, the patient lying on the left side,—the deeper tissues were closed by catgut, the skin with silkworm. The patient rallied well; the wound healed through most of its extent by first intention; the later removal of a spicule of bone, evidently from the end of a resected rib, was promptly followed by complete union.

My theory had been that if the pressure of the ball caused the nervous symptoms, its removal would do away with that source of irritation at least. But if the ball had driven splinters of bone into the cord, or caused a clot to press upon it, or from its impact had caused serious injury to the nerve fibres, there might remain a greater or less number of symptoms unrelieved. The subsequent history has confirmed the fear of other sources of nerve injury beside the pressure of the ball alone. While the symptoms changed in varying degrees after the formidable operation, the function of the cord has not returned at this date, May 17, 1898.

Doubtless if a trephining could have been performed at the same time, or even later, there might have been a possibility of further relief, but the woman passed out of my hands January 1, 1898, and nothing of a surgical character has since been attempted.

The case is worthy of record because it is interesting as a study to both the neurologist and surgeon. It confirmed the possibility of reaching the spine, for surgical operation, from the thoracic aspect and ought to suggest means of relief in such chronic conditions as Potts' disease and other spinal injuries and deformities, besides the now common operation of trephining from the rear.

**TWO CASES FROM PRACTICE.**

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**D. W. HORNING, M. D.****MINNEAPOLIS, MINN.**

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A large part of our accumulated knowledge is drawn from the every-day, practical experience of ourselves and others. We rest in confidence on methods or therapeutics which we have successfully employed, or which have been so employed by others whom we admit to be acknowledged authority. We read clinical articles in our magazines, or listen to papers read at our various medical associations and institutes, and note how all record the unusual success of some operative or mechanical method or the rapid curative action of some therapeutic agent in given cases. While reading or listening, the elder in practice gives himself a self-congratulatory shake as he recalls similar successes of his own, or, perhaps, considers his own cases as one better in success than those of the narrator. On the other hand the young practitioner attempts to store the facts in his memory for future use, with the self-admonition to go thou and do likewise. May it not be that the careful report of partial or total failures will be fully as instructive, since after-sight is often clearer than fore-sight. From our failures may we not learn at what point, and in what manner, a possible failure may be changed to success, or avoid needless apprehension and anxiety because we find seemingly untoward conditions do not result in disaster.

As obstetricans we are advised that we should be so well informed, so accurate in judgment and so proficient in tactile sense that we are able to determine absolutely and exactly every position and conformation of the presenting child; every feature of pelvis or tissue that might retard delivery. This is a high ideal for which we should undoubtedly strive, but we fear many of us fall far short of its realization. Because of failure in some respects, we report the following:

Mrs. C., primipara, aged 23 years, had passed through her period of pregnancy with comparative comfort, and came to her confinement in the best of condition. She had been having quite regular pains for several hours previous to the time at which I was summoned. Examination showed the os uteri far back and quite high in the pelvis, dilated to about the size of a half-dollar, the tissues soft and yielding. The presentation was determined as right occipito anterior. The curve of the presenting part, the dimensions of the pelvis, the condition of the os, and the character of the pains led me to anticipate a comparatively short labor, therefore, no interference was offered for several hours. At the next examination the os was more widely dilated and more accessible, but the head did not seem to crowd into it during a pain to the extent we would expect, but as the case was advancing, though somewhat slowly, we again waited for further progress. During this time the pains continued of good strength, but not so severe as to exhaust the patient. At the next examination, about two hours later, there had been marked descent, but not the radical result we would expect from the character of the pains, and in order to obtain greater expulsive force the sac was ruptured and a small quantity of fluid was discharged. Within half an hour we examined again to determine the effect of several rapidly occurring and energetic pains. During the interval the head seemed to retract to an extreme extent, leaving the os wholly flaccid. During a pain the anterior lip did not retract properly, and to add to my discomfort the presenting part seemed like a very blunt edge. My first efforts were toward retracting and dilating the anterior lip, in the meantime considering what could give such an outline to the presenting part. Becoming convinced that some part of the cranial vault was in advance, and having some success with the anterior lip I allowed an interval of rest, hoping the natural forces would take care of that lip, as well as of the other parts. In this I was disappointed, as while the head, or whatever it was that was advancing, had passed well around the curve of the sacrum, the lip

had returned to its former position. By using two and three fingers I drew it forward and upward, and held it above the inferior surface of the pubic arch, maintaining the support for nearly half an hour, only to find the effort utterly useless. By this time the presenting part came well down toward the vulva during a pain, without much pressure on the perineum, but the amount of retrogression, when the pain ceased, was so great that it seemed as if there must be some force or body acting against the expulsive effort. Considering the length of time during which there had been good, but only partially effective pains, the possibility of getting too long and undue pressure of the anterior lip under the pubic arch, the shape and action of the presenting part, we applied the forceps and soon delivered a living child, but also produced a lateral perineal laceration.

We naturally were anxious to know the cause of the delays and uncertainties of the confinement, and at the earliest moment examined the child. The head told part of the story at once. The blunt edge, which had caused so much uncertainty, crossed the vertex from side to side, terminating a little in front of where the parietal protuberance should have been. From this ridge or edge, was a plane which passed downward anteriorly to the lower border of the broad and flat chin, and a second one extended posteriorly from the same point down to the junction of the occiput with the spine, and from this you will get a fair picture of that child's head. This perfect wedge readily explained why the anterior lip did not retract or remain retracted when made to do so mechanically, since there was no occipital ridge to hold it. The unusual retrogression was the result of the natural contractility of the tissues acting against the faces of the wedge anteriorly and posteriorly when the vis a tergo was removed, forcing the body backward and upward. With the exception of the head, the child was perfect, and within a week it had regained a normal shape. We have examined the mother several times since the confinement, but so far have

failed to locate anything, in or about the pelvis, to account for the peculiar shape of the child's head, and yet we feel certain that it was produced during the time of labor. At the time I failed to detect anything to cause delay or anxiety, but I had plenty of both. I failed, during the later stages, to determine what exact part was presenting, or what sort of being would reward my efforts, but as success was the issue for both mother and child, another similar case will be watched with far less disturbance to myself, much more confidence as to the means to adopt and greater assurance as to results.

Before closing I will present another case, not as illustrating any lack of skill on the part of the operator, but simply to exhibit a peculiar condition attended with ill results. Mrs. J., in her fourth pregnancy; was of an extremely nervous temperament; and her surroundings were of such a character as to increase her natural tendency. She had progressed to somewhat over the sixth month with no unusual conditions, other than the extremely active movements of the child. If we grant that a pronounced temperament, tendencies and activities of a prospective mother will induce like characters in a child in utero, the vigorous movements in this case will be easily understood. At about the time mentioned, the mother became painfully conscious of even more than the usual commotion within the abdomen and uterus. The disturbance continued for about two days when she soon became aware that all movement had ceased, and there was a sense of weight and coldness in the abdomen. Within forty-eight hours from this time, labor pains came on, and the delivery of a dead child was accomplished. Examination showed the child perfectly developed for the time of the pregnancy, and its surface apparently healthy, but the evidence of the cause of death was plainly in the funis. There were no coils of the cord about the body or neck of the child, but it was twisted and knotted upon itself. With abundance of room in utero, a large amount of amniotic fluid, one end of the cord firmly implanted in the placenta and the other attach-

ed to itself, the nervous activities of the foetus had caused it to whirl round and round at the end of the attachment, until the cord became so tightly twisted and knotted as to completely occlude the circulation, resulting in death of the child by asphyxiation. The mother's convalescence was uneventful.

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#### A CASE OF CERVICAL ATRESIA.

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R. R. ROME, M. D.

MINNEAPOLIS, MINN.

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On the 24th day of December 1897, I was called to attend Mrs. S., in her first confinement. She is above the average height, exceedingly thin, large boned and of tense fibre, thirty-eight years of age and has been married nine years; but at no time before had she been pregnant. Pelvic measurements were normal, vertex presentation with the L. O. A. position. Upon digital examination no cervical os could be detected.

At twelve o'clock at noon I made the first examination and she stated that she had been having labor pains during the forenoon. The internal os was obliterated and the cervical portion was becoming well thinned out. After giving a hot vaginal douch I left orders to have her bowels thoroughly emptied by enemata and told them to let me hear from her in the afternoon. About five p. m. the husband called and informed me that she had been in severe pains all the afternoon. I went with him and found that she had truly been suffering. But I was surprised to find that her suffering had caused no progress in the labor. The presenting part had affected attenuation of the lower uterine segment to a dangerous degree. After a prolonged search with the examining finger, a tense band of tissue was discovered, and under this a roughened surface which was the site of the uterine opening. By combining a rotary motion with pressure of the finger, the roughened surface began to give way. Another hot douch was given which

had not the slightest dilating effect. The finger was again employed, and after half an hours work the os would allow the passage of the index finger. The patient was given chloroform, and the digital dilatation practiced. The anæsthetic, per se, had no relaxing effect upon the parts. The uterine contractions had increased in intensity due to the irritation of the os. Stretching, by the finger method, was persisted in for three hours, and by that time three fingers placed in the form of a cone were admitted. The fibrinous bands gave the os an irregular instead of a circular shape. The lower uterine segment was dangerously thinned, and the patient's strength was beginning to wane. It was quite evident that the os would out last the patient, and something must be done to allow the head to advance. Deep incisions were decided upon, and with a speculum, the uterine orifice was located—drawn into view and steadied with the volsellum forceps, then with a pair of blunt pointed angular scissors, an anterior and posterior, and two lateral incisions were made about an inch deep. The hemorrhage was slight.

The patient was allowed to come out from under the influence of the anæsthetic, and the uterine contractions struggled for an hour. By this time the orifice was sufficiently expanded to allow the head to pass, but the actual progress was slight and it was thought best to aid the contractions with the forceps. Another hour was consumed in the extraction. The child weighed eight and one-half pounds. The perineal tear was insignificant being little more than through the fourchette. The bowels had not been thoroughly emptied as I had directed, and had been assured they were, and it was practically impossible to prevent some fecal matters from coming in contact with the vulva and vagina. This disadvantage and the condition of the patient decided against immediate repair of the cervical injury. The functions of the uterine muscles were good, and no hemorrhage occurred. The puerperal period was perfectly normal, and at no time was the temperature above 99°. The lacteal secretion was established on the third day,

The child had a slight hemorrhage from the vagina for the first three days and then it ceased. The patient was given a vaginal douche, morning and evening, of a lysol solution for five days, then once a day for five more days. I made an examination of the cervix, a week ago, and found the cervix somewhat shorter than normal. The lateral incisions were still unhealed to a degree, but the anterior and posterior were entirely closed.

The literature on this particular subject, so far as my search has gone, is very meager. And those who have had similiar cases should be kind enough to give us the benefit of their experience.

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### BUBONIC PLAGUE IN EUROPE.

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The bubonic plague broke out in Vienna, recently, among the attendants at the laboratory where the plague was being investigated bacteriologically. The first case was the man who cared for the guinea pigs inoculated with the disease; he died. Later, his physician, Dr. Mueller, who had been in India investigating the plague, also succumbed to the disease. Two attendants who cared for them became infected also. The outcome will be anxiously awaited.

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### JOSEPH SIDNEY MITCHELL.

Oh, man of upright life, whose every act  
Was pure! With thee a thousand hearts  
Lie buried. Our faith, our love,  
Were all with thee, and in thy brave career  
Thy comrades saw the promise bright  
Of Hope's fruition. Thy colleagues mourn thy loss,  
And in their hearts thy memory dear  
Is deep enshrined. And yet, to us,  
Thou art not dead. Thy noble life  
A thousand lives inspires to  
Nobler deeds. The youth thou'st taught,  
However poor, to strive for  
Honors high. Thou'st taught us all  
The way to live, and taught us how to die.

—CH. GATCHELL

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**EDITORIAL**

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**MORE TROUBLE IN CLEVELAND.**

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Attention has previously been called in this journal, to the unfortunate state of internecine warfare that prevails in some of our prominent medical colleges. To those upon the spot this may seem natural, and perhaps justifiable, but to the profession at large, who know little and care less of personal grievances and petty disputes, it is a continual source of astonishment and disappointment, not to say disgust. The masterly manner in which some of our faculties go to work to disrupt themselves and their schools, and indirectly to injure the homœopathic profession as a whole, is to the average practitioner a genuine nine day's wonder. For it must be admitted that he is utterly unable to understand why this should be thus. He cannot see any valid excuse, nor even any apology for an excuse, for the apparent sacrificing of the profession upon the altar of personal ambition and petty spite.

These thoughts, which are doubtless essentially those of every thinking physician outside the shadow of college walls, are suggested by a pleasant little episode that has recently occurred in Cleveland. The profession has heard of the trouble in that city before. It noted with regret the difficulties that culminated in the maintenance of rival colleges there. It viewed with unconcealed satisfaction the consolidation that was effected later, and it offered up a fervent prayer that peace and real harmony might now prevail, and that the profession might have a rest from reading continual "tales of woe" from Cleveland. It appears that the end is not yet, however.

The ghost of discontent stalks in the corridors of the new and presumably harmonious institution, and the mutterings of dissatisfaction have even crept into the columns of the local newspapers. The teapot tempest all arose from laudable desire upon the part of the senior students to have more and better instructions in *materia medica*. To that end they drew up and presented to the faculty a petition asking for one more lecture hour a week, and respectfully requesting that Dr. Frank Kraft be asked to fill that hour. They knew Dr. Kraft's ability in that particular line. They were aware that he had succeeded in getting out of the old beaten path usually followed in teaching that dry and musty subject, that he had ideas of his own as to how this commonly tedious branch ought to be handled, and that he had a happy way of rehabilitating old truths and making them remain forever vivid in the memory of his listeners. They doubtless reasoned that the best was none too good in attempting to master this always difficult study, and for that very reason, were sincere in their desire to have Dr. Kraft lecture to them. But when their petition was presented to the faculty, the latter promptly sat upon it, and is still sitting upon it, according to all accounts. Meanwhile, Dr. Kraft serenely pursues the even tenor of his way—and the profession is wondering why in the world these things are so, and are ever permitted to exist in an institution supposed to be conducted for the general good.

To the profession at large it will at once appear that there is a screw loose somewhere in the management of this particular school. While it does not know nor care about the personal differences of this particular lecturer with one or many of the members of the faculty, it does know that he is a competent teacher. So far as the students' opinion of him is concerned, their petition speaks for itself. And the general profession will find it hard to conjure up a satisfactory reason for depriving these students, who have entered upon their studies in good faith, of what they want and feel that they actually need. If this particular institution desires the confidence of the homœopathic physicians of the country, it has taken a very strange way to get it. But if it is looking for a reputation for harmony and good sense second only to that of the Kilkenny cats, it appears to be in a fair way toward securing what it is after.

There is no doubt whatever that the homœopathic physicians of this country are getting tired, very tired, of the continual wrangling that is going on in our various educational institutions. For the average doctor is of peaceable intent. He loves harmony. He has developed neither the horns nor the hoofs that seem to be necessary adjuncts of his big city college brethren. He labors under the impression that medical schools are, or should be, established and conducted for the benefit of the profession as a whole, and when these institutions accept fees from their students, tendered by the latter in good faith, it thereupon becomes a moral if not legal duty to give in return the very best instruction that can be afforded. Outside of the cities a medical college is believed to have a wider scope and higher purpose than the mere conferring of professorships upon those ambitious for honors along that line. This may be a mere notion upon the part of the every-day doctor, but it is a notion that he clings to tenaciously and is not likely to soon relinquish.

Looking at this matter from a personal standpoint, there is no reason why this journal should enter upon a defense of Dr. Frank Kraft. He is abundantly able to fight his own

battles, and in fact it is openly intimated that his independence in the past is largely responsible for the strained situation. But with this we are not concerned. It is enough to know that the Cleveland college is once more before the public in an unenviable role, and that to a greater or less extent the whole homœopathic profession must suffer for it. From this point of view the matter becomes one of general interest. For the homœopathic profession of this country is, and rightly, jealous of its standing as a body of scientific and progressive men and women. It has a reputation to maintain. That reputation has been too often endangered by personal piques and unnecessary imbroglios among its leaders, and this has been going on until the whole homœopathic body is on the point of rising in indignant protest. It is annoyed, disappointed, angered, disgusted. It cries aloud in bitterness of spirit and refuses to be comforted. Is it possible that these chronic disturbers of the peace cannot realize all this? Are they not aware that the welfare of homœopathy is trembling in the balance? It would seem about time that some of our purblind purveyors of discord came to their senses. And we will venture the prediction that, unless they rise to the occasion, the day will come when the profession will treat them to a rude and startling awakening.

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With the present number of the MAGAZINE our most worthy colleague, Dr. Harvey B. Dale, of Oshkosh, Wis., who is well known to all our readers, severs his connection with it. Dr. Dale is, and always has been, a fearless writer; and one, who, while criticising, does so purely from the best of motives, for the purpose of bringing about a needed reform. He is a man who is honorable, upright and pure minded, one whom it is a pleasure to know. It is not with our consent that he retires from editorial work on the MAGAZINE, but because he has found a field that he believes to be more after his desires. We wish him Godspeed, and every success in his new field and congratulate the *Medical Vis-*

itor on securing so able a man for association with its present editor, Dr. Wilson A. Smith.

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## BOOKS.

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In arranging for your annual subscriptions to magazines, do not forget that epitome of current events, the *American Monthly Review of Reviews*; that most excellent family magazine the *Ladies' Home Journal*; and the scientific journal, *Popular Science News*. With three such, one can surely keep well supplied with the best on all topics.

**DISEASES OF THE SKIN. THEIR CONSTITUTIONAL NATURE AND CURE,** by J. Compton Burnett, M. D. Third edition, revised and enlarged. Philadelphia. Boericke & Tafel. 1898. Price \$1.00, postage 7 cents.

This little brochure from this well known writers pen is constructed on the opinion that skin diseases are constitutional and not local. He cites many cases and cures to substantiate his views, and makes out a good case. This third edition is enlarged by the addition of Part III treating of alopecia areata by constitutional remedies.

**RENAL THERAPEUTICS. INCLUDING, ALSO, A STUDY OF THE ETIOLOGY, PATHOLOGY, DIAGNOSIS, AND MEDICAL TREATMENT OF DISEASES OF THE URINARY TRACT,** by Clifford Mitchell, A. M., M. D., Professor Renal Diseases, in the Chicago Homœopathic Medical College. Philadelphia; Boericke & Tafel, 1898. Price, \$2.00; postage, 16 cents.

This book, the author says, is a therapeutic one, which at the same time contains the essentials of etiology, pathology and diagnosis of diseases of the urinary tract,—the prostate, etc. Like all works from this well known writer and clinician, the statements are absolutely reliable. The remedies given are chiefly homœopathic. Adjuvant treatment is recommended where necessary, and is always the best known. The writer's well known standing and reputation in his specialty are a guarantee of a large sale, and the excellence of the work more than support the statement.

**ESSENTIALS OF HOMEOPATHIC THERAPEUTICS  
BEING A QUIZ COMPEND, ETC., by W. A. Dewey,  
M. D., Prof. of Materia Medica, University of Michigan.  
Second edition, revised and enlarged. Philadelphia.  
Boericke & Tafel, 1898. Price 1.50, postage 9 cents.**

The need for a second edition of this well known work, in so short a time, is indicative of its value and leads one to congratulate its author. The book is not so much a volume on therapeutics, as it is a work on *materia medica*, and the student should so consider it. This edition has been thoroughly revised and the size is materially increased.

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### **NEWS AND NOTES.**

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Dr. Chas. Gatchell has taken offices in the Reliance Building, Chicago. He will devote himself to diseases of the lungs and heart, and to general consultation practice.

Drs. W. H. and Anna M. Fisher, who have been practicing for fifteen years at Le Sueur, Minn., have sold out their practice, good-will and residence to Dr. Norman G. Parker, formerly at Eagle Lake, Minn., and will spend the winter in Old Mexico.

Dr. C. E. Walters, Cedar Rapids, Ia., died October 26, of malarial fever contracted at Jacksonville, Fla., while nursing his son, a member of one of the Iowa regiments.

Dr. J. Heber Smith, of Boston, Mass., professor of *materia medica* in the Boston University School of Medicine, died October 23, of heart disease. Appropriate resolutions have been adopted by the faculty and by the physicians of Boston.

Dr. J. S. Mitchell, the venerable and venerated president of the Chicago Homeopathic Medical College, died on November 4.

Prof. W. A. Edmonds, of St. Louis, died September 22, aged 77, at the residence of his daughter, at Woodford, Ky.

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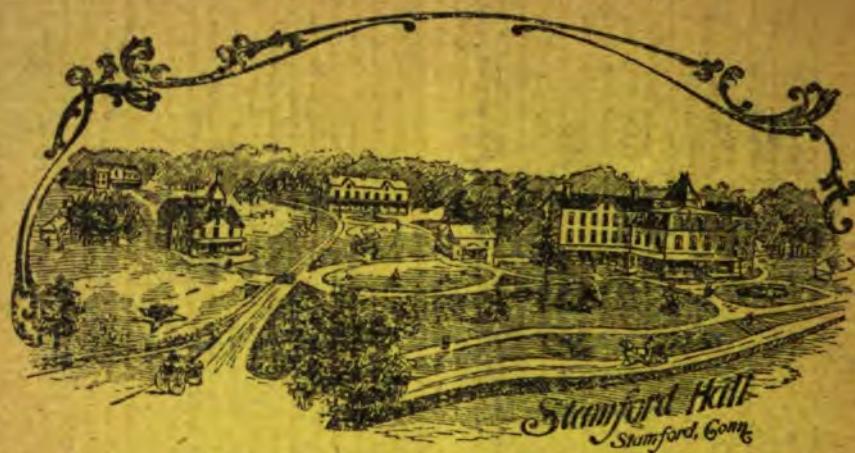
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